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January 14, 1992

UNIVERSITY OF ALBERTA

MULTIGENERATIONAL FAMILY PATTERNS

BY

NANCY HURST

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTERS OF EDUCATION

IN

COUNSELLING PSYCHOLOGY

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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have, read and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Multigenerational Family Patterns submitted by Nancy Hurst in partial fulfillment of the requirements for the degree of Masters in Education in Counselling Psychology.

DATE Jan. 14, 1992

Abstract

The major purposes of this research were the following: to examine multigenerational family patterns as perceived by the parents of children who have come to the attention of child welfare: and to study family processes relevent to multigenerational theory. Seven couples and ten single parents participated in the study, representing seventeen families. The families were all involved with child welfare and in therapy. All of the single parents were female. The majority of subjects had a high school education and were in a middle income bracket. The mean age of parents was 38.5.

Semi-structured interviews were conducted. Results of the interviews are presented in genograms and narratives. The genograms and narratives reveal multigenerational patterns of crises and family relationships. They also disclose a pattern of unresolved losses and weak support systems.

The Personal Authority in the Family System Questionnaire (PAFS-Q) was completed by parents. The PAFS-Q measures family processes based on current multigenerational theory (Williamson, 1982). Scores from the child welfare parents on the PAFS-Q were

compared to a non clinical sample and a significant difference was found f = 9.36, p<.0003. T-tests were used to compare subscale means between the clinical and non clinical sample. Significant differences were found on the Spousal Intimacy scale (t(544) = 4.42, p<.05), Nuclear family Triangulation scale (t(331) = 3.34, p<.05), Intergenerational Intimacy scale (t(544) = 5.98, p<.05), Intergenerational Fusion/Individuation scale (t(544) = 2.24, p<.05) and the Personal Authority scale (t(383) = 2.31, p<.05).

A non-significant difference was found between the samples on the Spousal Fusion/Individuation scale (t(544) = .40, p<.05), Intergenerational Triangulation scale (t(544) = 0.14, p<.05) and the Intergenerational Intimidation scale (t(544) = 1.81, p<.05). It is believed that the information gained form this study will help professionals working with families better understand the complexities of family relationships.

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Chapter I

INTRODUCTION

"of all the forces that impinge upon people (culture, society, work, neighborhood, friends etc.), the family by far has the greatest imprinting influence" (Framo, 1981, p. 133)

Statement of the Problem

Families referred to child welfare agencies are often fearful, angry, distrustful and expecting to be blamed. They have a history of involvement with agencies, courts, hospitals and child protective services (Schlossberg & Kagan, 1988). These families often have severe problems: recurrent abuse, neglect, family violence and delinquent behavior. Kagan and Schlossberg (1989) refer to such families as families in "perpetual crisis". Generally, they will have been unresponsive to traditional family or individual therapies (Weitzman, 1985).

For the purposes of this study, "crisis" will refer to incidents such as the following: violence, physical or sexual abuse, neglect, rape, abortion, divorce, out of wedlock pregnancies, deaths, suicides,

abandonment, behavior problems (temper tantrums, disobedience, running away), school problems, delinquency, foster placements, physical and mental illness, alcoholism and substance abuse.

Kagan and Schlossberg (1989) state that many families that come to the attention of child welfare are families that have never had a predictable, nurturing and safe environment. Past generations have experienced immense pain through separations, abuse, neglect, deaths and violence. These events have resulted in cycles of denial, aggression and self-destructive behavior, which only serve to perpetuate problems. Families continue to repeat transgenerational cycles of crisis. In order for therapists to effectively deal with these families, it is necessary to view the current problems in relation to multigenerational factors. The terms multigenerational theory and transgenerational theory will be used interchangeably to refer to the theoretical orientation that highlights the importance of past generations on the present.

This study further explores the relationship between previous generations and present family

functioning in families which are involved with child welfare.

Significance of the Study

The results of this study will be of interest to child welfare workers, teachers and family therapists. The results will increase the understanding of the relationship between difficulties families have experienced in the past and the problems that a family is currently experiencing. It is hoped that the information gained from this study will increase the understanding of cycles of crisis in families.

This study furthers the research knowledge of multigenerational theories as it explores family functioning and patterns of relating over three generations in child welfare families.

The review of the literature is presented in chapter two and chapter three. Multigenerational theories and research on these theories are presented in chapter two. The second chapter will review the literature on the multigenerational nature of specific symptoms. Specific questions investigated by this study are presented at the end of chapter three.

Chapter II

REVIEW OF THE LITERATURE OF MULTIGENERATIONAL THEORY AND RESEARCH

Numerous theorists have written about the multigenerational nature of family patterns. Kagan and Schlossberg (1989) discuss the multigenerational nature of crises in multiproblem families. Bowen (1978) in his multigenerational theory discusses the processes which are involved in the transmission of family patterns. Several other theorists (Boszormenyi-Nagy & Ulrich, 1981; Framo, 1981; Paul & Paul, 1975; Williamson, 1982; Bowlby, 1980; Bandura, 1973) have also developed multigenerational theories which all have somewhat different emphases.

Kagan and Schlossberg

For the purposes of this study Kagan and Schlossberg's (1989) theory was considered to be the most directly applicable as it focuses on families who can be described as severely dysfunctional and who frequently come to the attention of child welfare. These families usually have a "complicated premorbid history, replete with examples of failed attempts at treatment, symptom development in family members other than the identified patient, multiple family crises,

occupational instability, and seriously impaired interpersonal functioning" (p. 475). These families are organized such that they are continually vulnerable to breakdown as a result of perceivably minor situations, and are therefore, eternally dealing with crisis after crisis.

Kagan and Schlossberg (1989) present several assumptions that are helpful in understanding these families.

1. Families in "perpetual crisis" have had countless experiences of loss and trauma.

2. Problems that bring the family to the attention of authorities fit within the context of primary family patterns, traits, losses and trauma from previous generations. Incidents and patterns continue into the next generation because they have never been resolved. Other theorists have made similar arguments. Framo (1981) states that unresolved issues from previous generations are reenacted by parents and children. Paul and Paul (1975) argue that unresolved losses affect the current family system. Bozormenyi-Nagy and Ulrich (1981) argue that multigenerational legacies are a result of loyalties that people repeat, reject or attempt to resolve. Crises theorists have also

discussed the relationship between unresolved issues and crises that a family experiences (Greenstone, 1982; Lindemann, 1944).

3. Families with multigenerational trauma have low thresholds for pain and stress. The threshold in theses families is influenced by the resources the family has. The lower the threshold, the greater the need the family has for dysfunction to balance the stress. When the threshold is reached the family brings in outside agencies that tend to stabilize the family; the pain in the family subsides and the issues in the family are never dealt with.

4. Parents who have not had stable families themselves are unable to provide predictable and safe environments for their children. The children of these parents end up in a family lacking in attachments, yet fraught with responsibilities. Bowlby (1980) discusses in more detail the behaviors that develop in children who have not experienced a secure attachment with their parents.

5. Traumatic incidents often lead to involuntary recurring thoughts, feelings and behavior reenactments of trauma, in hopes of mastering them.

6. Families need to avoid the terror of abandonment.

7. Families in perpetual crises experience the past as the present and the present as the future which leads to endless re-enactments of traumatic incidents from generation to generation.

8. Professionals working with these families often try to rescue them, ignoring the issues that have brought them to their current situation.

9. Inability to deal with pain and conflictual relationships is a major factor in the cycles of crisis.

10. Crises reflect a desire to escape, and are an outlet for expressing anger and vulnerability.

Kagan and Schlossberg (1989) focus specifically on the multigenerational nature of crises of multiproblem families who are often involved with child welfare.

Bowen's (1978) theory does not focus on a particular population. He does, however, propose explanations for the transmission of family patterns. Williamson (1982) has expanded Bowen's theory to include the concept of personal authority.

Bowen, Williamson and Supporting Research

Bowen (1980), conceptualizes the family as a emotional relationship. His (1980) theory consists of eight interlocking concepts, seven of which will be further explored here:

1. Differentiation of self.
2. Triangles.
3. Nuclear family emotional system.
4. Family projection process.
5. Emotional cutoff.
6. Multigenerational transmission process.
7. Sibling positions.
8. Societal regression.

The foundation of this theory is based on the concept of the differentiation of self. Differentiation of self is the extent to which a person can discriminate intellectual from emotional functioning. A more differentiated person is more autonomous, flexible, and independent of emotional forces. The less differentiated person is more bound to emotions and tends to be more dependent and easily stressed into dysfunction (Bowen, 1978).

Williamson (1982) takes Bowen's (1980) differentiation one step further and discusses the

importance of developing personal authority in the family system. Personal authority in the family system involves taking responsibility for oneself while being intimately related with significant others and enables a person "to assume peerhood with all other human beings" (Bray, Harvey & Williamson, 1987, P. 517). Relationships characterized by intimacy are ones which people have mutual respect and self-disclosure can be freely expressed while individuation is maintained. Personal authority is a synthesis of intimacy and differentiation in relationships. The opposite of personal authority is intergenerational intimidation which is characterized by a lack of intimacy and individuation with a hierarchical boundary in which parents maintain the power in the relationship.

Differentiation within the family refers to the degree that persons are differentiated or independent of their family. A highly fused (undifferentiated) family is a family that is emotionally stuck together and easily stressed into dysfunction.

According to Bowen (1978), "the smallest stable emotional unit" (424) is the triangle. A two person relationship is unstable because when the intensity in a relationship increases, the twosome will become a

threesome. The triangle dilutes the anxiety, and the result is a more stable, flexible relationship with a higher tolerance for stress. The more fused a family, the more intense and insistent the triangulating efforts. The least well-differentiated, and thus most vulnerable person in the family, is most likely to be triangulated. The child who is the object of parental focus is more fused to the family, more vulnerable, and thus more likely to be triangulated. When tensions become very high in a family system, it may triangulate people (Bowen, 1978) in from the outside, such as police and social agencies. Kerr and Bowen's (1988) description of how dysfunctional families enlist the help of outside agencies is consistent with Kagan and Schlossberg's (1989) writings. Kerr and Bowen (1988) and Kagan and Schlossberg (1989) both describe the influence of stress on the family and problems that arise as symptoms of underlying emotional dysfunction.

Bowen's (1978) concept of triangulating is similar to scapegoating as described by Boszormenyi-Nagy and Ulrich (1981), Framo (1981) and Paul and Paul (1982). Kerr and Bowen (1988) discuss how children can become overly reactive to their parents' need for emotional support. They try to relieve their parents' burdens

and make them feel better. Boszormenyi-Nagy and Ulrich's (1981) discussion of parentification in which a child becomes his/her own parent and Framo's (1981) discussion of emotional overburdening of the child as a source of symptoms in the family are examples of alternative forms the triangulation of a child may take.

The nuclear family emotional system is developed over the years. The emotional system is determined by three things: the degree of undifferentiation, the degree of emotional cutoff (flight from unresolved emotional ties with family of origin) and the degree of stress in the system. Emotional dysfunctions take three forms, according to Kerr and Bowen (1988):

1. Dysfunction in one spouse that results in physical, emotional or social illness.
2. Marital conflict.
3. Dysfunction in a child

The type of dysfunction is based on the patterns of relationships the parents had with their families of origin and is acquired through social learning (Bandura's, 1977).

The family projection process is the process through which parental problems are transferred to one

or more of their children. This projection results in a child that has a lower level of differentiation than his or herparents. The more fused the family, the more likely that more than one child will be an object of projection. This projection process may begin as early as the time of mother-infant bonding. Kerr and Bowen (1988) argue that parents act in ways that result in their children having a similar level of differentiation. "A mother thinks, feels, and acts in ways that promote emotional separation of her child from her (differentiation), and she also thinks, feels, and acts in ways that undermine emotional separation of her child from her (togetherness)" (Kerr & Bowen, 1988, p. 197). Although the mother has the most influence on the development of differentiation, other family members also have a significant influence (Kerr & Bowen, 1988).

Kerr and Bowen's (1988) description of how the behavior of parents affects children is similar to Bowlby's (1980) discussion of the transmission of patterns through behaviors of parents and how these result in different attachments with children. Bowlby's (1988) description of behavior patterns in children who have not experienced a secure attachment

with an adult figure is similar to Kerr's (1981) description of low differentiated styles of behavior. Kerr (1981) states that people with a low level of differentiation manifest "their need for other people" (Kerr, 1981, p. 238) by emotional dependence or by a reactive withdrawal. Bowlby (1988) describes the anxious resistant child as clingy and anxious about exploring, whereas the anxious avoidant individual tries to live life without the love and care of others. Bowlby (1988) and Kerr and Bowen (1988) describe how individuals with low differentiation (Bowen, 1978) and inadequate attachments are more susceptible to difficult life experiences and problems with relationships that are passed onto the next generation.

Attachment behaviors described by Bowlby (1980) and Kerr and Bowen (1978) are consistent with social learning theory's description of how parents respond to their children in diverse ways that encourage different types of behaviors (Bandura, 1977).

It is through multigenerational transmission that the family emotional process is passed to multiple generations. At least one child, because of the projection process, will have a lower level of

differentiation (often a child who is triangulated into a relationship with parents). According to Bowen (1978), people tend to choose mates who are of an approximately equal level of differentiation of self. This results in a poorly differentiated couple and a fused family, which will ultimately have a child of even lower differentiation, who will marry, leading to a downward trend of dysfunction. Kerr and Bowen (1988) argue that "Triangles are forever, at least in families. Once the emotional circuitry of a triangle is in place, it usually outlives the people who participate in it.... If one member of a triangle dies, another person usually replaces him ... children may act out a conflict that was never resolved between their great-grandparents" (Kerr and Bowen, 1988, p. 135). According to Kerr and Bowen (1988) more undifferentiated families are more susceptible to dysfunction. Based on Bowen's (1980) theory it can be hypothesized that the families described by other multigenerational theorists (Boszormenyi-Nagy & Ulrich, 1981; Framo, 1980; Kagan & Schlossberg, 1989; and Paul & Paul, 1975) have lower levels of differentiation and are more likely to succumb to "the urge to fix, deny, or avoid a problem" (Kerr & Bowen, 1988, p. 210)

The most vulnerable child is often determined by sibling birth order, with the first and last born being the most susceptible.

Several dimensions appear relevant from the writings of multigenerational theorists to the perpetuation of family patterns through the generations. These dimensions include levels of differentiation (Bowen, 1978) and attachment patterns (Bowlby, 1980). Families characterized by more fusion, whose members have a history of inadequate attachments and a diminished ability to form secure attachments with their children are more likely to experience multigenerational crises. These families are easily stressed into dysfunction and tend to become involved with community and other agencies. The form dysfunction takes is largely dependent on the form it took in the previous generation as children learn from their parental models and are reinforced for particular behaviors in their family. Highly fused families are prone to triangulation, with children being scapegoated and parentified. Bowen's (1978) concept of multigenerational transmission is an important variable in the transmission of patterns. Bowen (1978) argues that people marry spouses who have a similar level of

differentiation to themselves. Kagan and Schlossberg (1989) discuss the importance of unresolved loss and trauma in the transmission of family crises. These unresolved issues result in recurring thoughts, feelings and behavior reenactments.

Research that has been conducted on multigenerational theory can be classified into three types including: family of origin theory, attachment theory and social learning theory. These research areas are reviewed below.

Family of Origin Research

Family of origin techniques have been widely used, but, "the theoretical assumptions upon which these techniques are based are largely without empirical validation" (Hovestadt, Anderson, Piercy, & Cochran, 1985, p. 287). Bray, Williamson and Malone (1984) and Hovestadt et al. (1985) have developed research instruments to examine transgenerational relationships. Hovestadt et al. developed a Family-of-Origin Scale (FOS). The FOS measures perceived levels of autonomy and intimacy in one's family of origin. Fine (1988) found that the less healthy the participants perceive their family of origin experiences to be (as measured on the FOS), the more anxious they rate themselves.

Fine and Hovestadt (1984) found that individuals with high scores on the FOS (perceive their family of origin as healthy) have higher perceptions of marriage. Research with the FOS is largely retrospective in nature as the FOS involves remembering the atmosphere in which a person grew up. The retrospective nature of the FOS makes it vulnerable to the distortions of people's memories.

Bray, Williamson and Mallone (1984) have developed the Personal Authority in the Family System Questionnaire (PAFS-Q). The PAFS-Q measures intergenerational family processes. Bray and Williamson (1987), with the PAFS-Q, have found some support for Bowen's (1978) theory that the level of psychological and physical health of the individual is directly related to the level of differentiation from the family of origin. These authors found in a study of undergraduate students that the greater the individuation, intimacy, personal authority, and the less triangulation and intimidation in the family the better the person's health and the fewer life stressors currently being experienced. Bray, Williamson and Mallone (1986) found that clients who took part in an intergenerational consultation process reported

significantly more spousal individuation, personal authority and less intergenerational triangulation and intimidation (as measured by the PAFS-Q) following therapy than a control group. Methodological flaws including nonrandom assignment between groups, retrospective methodology and possible response bias bring into question the results of this study.

Cebik (1988) found that intimacy and individuation in the spousal relationship, and the freedom to discuss personal matters with one's parents (as measured by PAFS-Q) were good predictors of psychosocial development (as measured by the Inventory of Psychosocial Development) of males in the fourth and fifth decades of life. This study suggests that family of origin issues may be significantly related to men who are experiencing marital and family problems.

Attachment Research

Several studies conducted by attachment theorists provide support for the transgenerational nature of attachment. Frommer and O'Shea (1973a, 1973b) found that parents who had experienced a disruption in their family of origin were less likely to engage in close interactions with their infants at five months. Rutter, Quinton, and Liddle (1983) looked at families

that had a child taken into the care of the government. These families almost always were associated with serious childhood adversities on the mother's part, such as death, separation and divorce.

Cohn and Tronick (1983) taught mothers to depress their affect, and then rated the children's affective state. They found that infants with their mothers in the depressed condition displayed more negative behaviors than infants in the normal condition. These authors conclude that these results demonstrate a clear relationship between the quality of maternal affective display and infants behavior. Tronick, Ricks and Cohn (1982) found that mothers who rated past relationships more positively and/or had higher self-esteem were more likely to have infants who were securely attached at one year.

Walsh (1978) found that children born within two years of a grandparent's death were significantly more often schizophrenic. Walsh discusses two hypotheses related to this finding: 1) Bereaved parents may be emotionally unavailable to their infant (disruption in attachment). 2) Attention to their child may block mourning and painful feelings and the child becomes a replacement for the lost parent. This second

hypothesis is consistent with the work of Kagan and Schlosberg (1989), Kerr and Bowen (1988), Boszormenyi-Nagy and Ulrich (1981), Framo (1981) and Paul and Paul (1975).

Social Learning Research

Kerr and Bowen (1989) state that social learning is largely the means through which specific behaviors are learned and passed through the generations. Research on the modelling of aggression has been largely focused on short-term effects (Carroll, 1980). Hoffman (1960) found that unqualified power assertion or external coercive pressure by parents resulted in a need for children to be assertive towards others. Eron, Huesmann, Lefkowitz and Walder (1972) found that a preference for violent television at age eight was related to aggressive behavior at age thirteen. Hoffman (1960) found that mothers who punished their children more severely reported that their children showed more power assertiveness toward other children and more aggression in the home (Sears, Maccoby and Levin, 1957). Green (1978) found a significantly higher incidence of self-destructive behavior (self-biting, self-cutting, suicide attempts and suicide threats etc.) in abused children than a group of

neglected and control group children. These authors argue that this behavior seems to be a learned pattern originating in early traumatic experiences with abusive parents. These children seem to imitate their parents' behavior and learn to regard themselves with the same hostility and criticism that their parent had accorded them. When basic love and nurturant needs have never been met, abusive interaction becomes reinforcing.

The focus of this chapter has been multigenerational theories and research on these theories. Research on specific problems and their multigenerational nature will be reviewed in the next chapter.

Chapter III

REVIEW OF LITERATURE ON SPECIFIC BEHAVIORAL SYMPTOMS

The multigenerational nature of specific symptoms including physical abuse, sexual abuse, alcoholism, mental illness, suicide, divorce, and poverty have been studied extensively. Child welfare families are often dealing with one or more of these problems and the research on the multigenerational nature of specific symptoms is relevent to the understanding of these families. Characteristics of child welfare families have been studied with implications relevant to multigenerational theories.

Physical Abuse

Widom (1989), states that most investigations of the impact of being physically abused as a child have been criticized for being methodologically flawed and limited in generalizability. These studies have been criticized because of an overdependence on self-report and retrospective data, inadequate documentation of childhood abuse and neglect, and infrequent use of baseline data from control groups (Widom, 1989). Widom (1989) tried to eliminate some of these problems by

using a cohort study that relied on official documentation of abuse. Findings from Widom's (1989) study show that being abused or neglected as a child increases one's risk for delinquency, adult criminal behavior and violent criminal behavior. Being abused as a child, however, is not as good a predictor as demographic characteristics such as sex, race and age. Widom (1989) suggests that one reason there is not a stronger prediction is that the consequences of abuse may include withdrawal, self destructive behavior and depression, effects that would not come to the attention of authorities. This study also has methodological flaws; it did not include upper socioeconomic status subjects, but was based only on individuals who had come to the attention of authorities because of childhood abuse or neglect. Methodological problems with this study leave open the possibility of alternative explanations including: a self-fullfilling prophecy or negative attention as causal factors in adult criminal behavior. The measure of crime and violence was based on reported incidents and this leaves out all the criminal activity that is not brought to the attention of authorities.

Wolfe, Jaffe, Wilson, and Zak (1985) found that children of battered women were rated significantly higher in behavior problems and were rated lower in social competence (Conflict Tactics Scale) than children from a control group. Among boys, 34 percent were rated in the clinical range of behavior problems, whereas this was the case for only 20 percent of girls. Carlson (1984) argues that girls from violent families may not express signs of maladjustment in childhood, yet may suffer higher rates of mental health and family problems in adulthood than those from non violent families. It may be that children are adjusting to violence in maladaptive ways that are not easily detected (Wolfe et al., 1985). Maladaptive adjustment may include a low level of differentiation (Bowen, 1978) that often results in maladaptive behaviors.

Green (1985) states that physical and emotional abuse are often directed toward one child in the family who seems to be blamed for the inadequacies of the parents. Green's (1985) description of how one child in a family receives more negative attention is consistent with Bowen's (1978) concept of triangulation and scapegoating as described by Boszormenyi-Nagy & Ulrich (1981) and Framo (1981). According to Green

(1985) the scapegoated child is usually the one who is most closely identified with the abusing parent. The child reminds the parent of his or her own unacceptable traits and impulses. Parental deficiencies are projected onto the child who then assumes the blame, which results in self-hatred, low self-esteem and depression. Green (1985) further argues that in multiproblem families child abuse is often associated with various types of parental dysfunction such as neglect, multiple caretaking, maternal deprivation, and substandard care. Parental dysfunction is often compounded by a highly stressful environment and lack of support systems. These families described by Green (1985) are similar to Kagan and Schlosberg's (1989) description of families in "perpetual crisis".

Much of the research on the transmission of physical abuse is interpreted to support Bandura's (1973) social learning theory. Kalmuss (1984) found that being hit as a teenager by one's parents and observing hitting between one's parents are significantly related to marital aggression (as measured by Straus's Conflict Tactics Scale) in the next generation. Parental hitting, however, has a stronger relationship to marital aggression. One

possible explanation of this finding as discussed by Kalmuss (1984) is the "role-specific nature of aggression" (p. 17). The "role-specific" model suggests that observing abuse among one's parents teaches the appropriateness of marital violence whereas being hit by one's parents teaches the acceptability of hitting one's child rather than one's spouse. Kalmuss (1984) found that observing one's father hitting one's mother increases the likelihood that sons and daughters will be perpetrators and victims, respectively. This study may actually underestimate parental hitting because only measures of hitting actually observed by children are reported. Non abusive adults may be ashamed of violence in their family of origin and therefore, not report it.

Rosenbaum and O'Leary (1981) compared abusive couples with satisfactorily married couples with maritally dysfunctional but non-violent families. These couples responses to standardized measures of assertion, marital adjustment, alcoholism and sexual attitudes were compared. Violent and non-violent but unhappily married couples responded very similarly, but significantly different from control couples. These findings support the hypothesis that abuse is a product

of the learning history of the batterer rather than a product of current marital or family difficulties. The hypothesis that violence in marriage is a result of the learning history of the batterer is consistent with Kerr and Bowen (1988) who argue that the type of dysfunction that occurs in a family is largely a product of learning.

Sexual Abuse

Studies of juvenile offenders (Jones, Gruber & Timbers, 1981), adolescent runaways (Nakashima, 1982), and prostitutes (Silbert & Pines, 1981) have found that high proportions of these populations were sexually victimized as children. Finkelhor (1984) argues that studies with clinical samples may not be representative of the majority of those who have been sexually abused as children. He argues further that it is difficult to determine whether such long term effects are a result of the sexual abuse or other variables such as psychological abuse, parental neglect, or family disorganization. Fuller (1989), in her exploration of the intergenerational hypothesis of sexual abuse, found that 40 percent of abusers and 50 percent of victims' mothers reported sexual abuse in childhood. The finding that abusers were victims of sexual abuse can

be understood in terms of Bandura's (1973) social learning theory. The fact that victims often have children that are abused suggests that unconsciously parents may enable the reenactment of transgenerational patterns of abuse. This interpretation is consistent with Kagan & Schlosberg's (1989) argument that traumatic incidents are reenacted. In Fuller's (1989) study, the incidence of sexual abuse for abusers and mothers of victims was based on retrospective self reports. Relying on retrospective self reports leaves open several alternative explanations; the possibility that incidents of sexual abuse were being repressed by victims as they were too painful to remember or that those interviewed may have chosen not to disclose incidents of sexual abuse for fear of reprisal or embarrassment.

Alcoholism

Midanik (1983) reported that 50 percent of women and 26 percent of men with an alcohol problem reported at least one alcholic/problem drinking relative. This study was completed on a representative sample of the United States population and, therefore, did not reflect a clinical sample. It was based on self-report interviews in which a common definition of alcoholism

was not applied. Midanik (1983) suggests that it may be that women in general have a broader definition of alcoholism and therefore may be more likely to classify relations as alcoholic. Such studies have generally gone back only one generation and have not considered the multiple factors involved in the development of alcoholism (Finn & Pihl, 1987). Further complicating interpretation is the difficulty differentiating between the influences of genetics and family environment. Steinglass, Bennett, Wolin and Reiss's (1987) review of alcoholism research concludes "that the final expression of the clinical condition... cannot be predicted on the basis of biological predisposition alone, but appears instead to be the product of the complex interaction of multiple factors" (p. 298). From their family systems approach to alcoholism, Steinglass et al. (1987) argue that transmission processes involve the whole family system. "The context for transmission is the sum total of interactions, attitudes, and beliefs that define the family. The process is ongoing and dynamic, and has no particular beginning, end, or pivotal event. And it often goes on outside the awareness of the participants involved" (p. 304).

Mental Illness

Relationships between mentally ill adults and mental illness in their children have been found. Weissman, Merikangas, Pauls and Prusoff (1984) found that depression and anxiety in parent is related to depression and anxiety in their adult offspring. Weissman, Leckman, Merikangas, Gammon and Prusoff (1984) found that depression in parents increases the risk of depression in their children (ages six to seventeen). Parents diagnosed as depressed and suffering from panic or agoraphobia had children who were more likely to be depressed and suffering from an anxiety disorder. The diagnoses of the children from Weissman et al.'s (1984) study were based on information from parents. Information based on parental reports may be somewhat distorted as parents with psychiatric disorders may be less tolerant or more sensitive to the problems their children experience.

A multigenerational relationship has been found with children who have schizophrenic parents. Kringlen (1978) found that 20 percent of the offspring of schizophrenia parents were psychotic or borderline psychotic and 20 percent had developed schizophrenia.

Kringlen's (1978) study cannot, however, sort out genetic influences from environmental influences.

Suicide

Many researchers have found higher rates of a family history of suicide in people who have attempted suicide (Murphy & Wetzel, 1982; Roy, 1983; Tishler & Mckenry, 1981). Tishler and Mckenry (1981) found that among 22 of adolescent suicide attempters "at least one family member had exhibited suicidal behavior in the past" (p. 22). Roy (1983) found that a family history of suicide significantly increases the risk for an attempt at suicide in patients with a wide variety of diagnoses. Fifty-six percent of patients with a family history of suicide had a primary diagnosis of depressive disorder. Among patients with a primary affective disorder with a family history of suicide, a significantly higher number had attempted suicide when compared to those suffering from the same disorder but no family history of suicide.

Wasserman and Cullberg (1989) discuss the importance of object loss (loss of parents) in people who attempt suicide. They found that 52 percent of suicide-attempt patients had lost contact with one or both parents before the age of eighteen. In this

group, 25 percent of the losses were due to death and 27 percent were due to parents' divorce. Separation by death was overrepresented in this population. This study highlights the importance of unresolved loss and attachment as described by Bowlby (1980), Kagan and Schlossberg (1989) and Paul and Paul (1975).

Divorce

Studies have found that children seem to suffer detrimental effects from divorce. Water and Dimock (1983) found that children who were subjected to marital separation of their parents suffer from long-term effects, with 15 to 25 percent requiring psychiatric treatment. Kalter (1977) found that 50 to 80 percent of clientele in mental health clinics are from separated families. Wallerstein and Kelly (1980) argue that variables such as parent-child interaction before the breakup, the extent of extended family support and other support networks greatly modify outcomes. Wallerstein (1988), in her ten year follow up of children of divorce, found that 45 percent of them were doing well. "Forty-one percent were doing poorly; they were entering adulthood as worried, underachieving, self-depreciating and sometimes angry young men and women" (p. 109). The number of children

from intact families who can be described as doing "poorly" has not been studied. The conclusions that can be drawn from Wallerstein's (1988) study are, therefore, limited.

Studies have found that people from families of divorce have higher rates of divorce than people from intact homes (Greenberg & Nay, 1982; Pope and Mueller, 1976). According to Pope and Mueller (1976) the role model explanation (Bandura, 1977) for the transmission of divorce is most common. According to this model the success of a person's marriage depends on the sex and marital roles that they have learned from their families. It is expected that the roles a child learns from a disrupted home are not as appropriate or functional as the roles learned in a happy intact home. Pope and Mueller (1976) found no significant transmission difference as a function of whether a person came from a family in which divorce occurred and the children subsequently lived with a same sex single parent as compared to a remarried parent or a parent of the opposite sex. This finding is contrary to what would be expected based on role theory. Greenberg and Nay (1982) found an alternative explanation more likely. Their study found that college students from

disrupted families had more favorable attitudes toward divorce. They did not find significantly different conflict resolution skills between students from divorced and intact families to support the hypothesis that children of divorce learn more maladaptive styles of marital interaction. It can be argued that conflict resolution skills are only a very small aspect of skills necessary for a successful marriage. More research needs to be conducted, however, before the role model hypothesis is discarded.

Mueller and Pope (1977) found that children of divorced parents tend to marry younger and have less education, which results in higher divorce rates. These authors suggest that young people may be less socially and emotionally mature; marriages between these young people may involve more financial difficulties and less social support. These authors fail to address the issues of why children of divorce marry younger and are less educated. These children may be modelling similar behavior to their parents who may have married under similar conditions. Research exploring multigenerational theories (Boszormenyi-Nagy & Ulrich, 1981; Bowen, 1978; Framo, 1981; Kagan &

Schlosberg, 1989; Paul & Paul, 1975; Williamson, 1982) in relation to divorce needs to be conducted.

Emery (1982) noted three areas of methodological flaws in divorce research: the use of biased sampling where comparisons are not made to intact families, small sample sizes and unrepresentative samples. Another problem is experimenter bias, where the interviewer is aware of the divorce status of parents. A third problem is poor measurement instruments. Magrab (1978) argues that studies have failed to compare children of divorce to children from intact unhappy homes.

Booth and Edwards (1989) have countered the latter criticism. In their comparison of divorced and unhappy intact homes they found that parents from unhappily married families were more adversely affected in their family and marital relations than those from divorced families. Booth and Edwards (1989) argue that the marital difficulties that parents experience in their own lives prevents them from adequately socializing their children in marital and family roles. In unhappy homes the marital problems continue and therefore it would be expected that they would be poorer role models than parents from divorced families.

Poverty

Offord, Michael, Boyle and Jones (1987) found that young boys, whose families are on welfare, are especially at risk for psychiatric disorders (especially conduct disorder and hyperactivity). Adolescent girls whose families are on welfare are at increased risk for psychiatric disorders in comparison to their same age peers. Welfare status has an effect even after controlling for the effects of low income. Family functioning (measured by the General Functioning Scale from McMasters Family Assessment Device), however, had the strongest association with the development of psychiatric disorders.

Garbarino and Crouter (1978) found that overall rates of abuse are higher in regions characterized by a high proportion of low-income families. The question arises as to whether unemployment causes abuse or if characteristics of the family result in the family's economic condition and abuse. Steinberg, Catalano and Dooley (1981) found that a decline in the work force in two Standard Metropolitan Statistical Areas (SMSAs) were significantly related to child abuse. The authors conclude that this finding is consistent with the hypothesis that undesirable economic change causes

family stress, which results in child abuse. This interpretation is consistent with Kagan and Schlosberg (1989) and Bowen (1978), who discuss the relationship between stress and anxiety and the formation of symptoms. Garbarino and Crouter's (1978) finding is supported by Spearly and Lauderdale (1983), who found that smaller amounts of formal economic assistance to single parent families significantly enhanced the prediction of counties at risk for child abuse. Garbarino and Crouter (1978) argue that economic deprivation increases the potential for child maltreatment and thus increases child welfare cases. Economic disruptions increase demands and decrease the supply of formal human services, and feelings of being deprived often lead to frustration and hostility.

The transmission of poverty and welfare dependency over generations has received relatively little support. Levy (1980) found that three out of ten adults who were raised in poverty lived in poverty as compared to one in ten who lived under similar circumstances and were not reared in poverty. Hill and Ponza (1983) found a great deal of mobility in income from one generation to the next. Bane and Ellwood (1983) found that many people who become poor at some

point in their life are only poor for one or two years. Bane and Ellwood also found, however, that at any one time sixty percent of the poor population are poor for eight years or more. These long term poor people tend to be single mothers, nonwhite and high school dropouts. The extent of transgenerational transmission of poverty in the long term poor has not been studied and may be more suseptible to welfare dependency.

One theory of the multigenerational nature of welfare dependency is that of the "culture of welfare" in which it is theorized that patterns of child-rearing and socialization are transmitted through the generations. These patterns of child-rearing and socialization result in children with psychological traits and attitudes which result in welfare dependency. The theory of the culture of welfare has not been supported by research. Although unemployment is the most frequent reason why women go on welfare, and welfare dependency is perpetuated because many recipients have limited schooling and lack job skills (Chambre, 1985), welfare recipients do not seem to view welfare as a way of life. Chambre (1985) found that welfare mothers do not seem to socialize their children to behave in a way that limits their future financial

independence. In fact she found that welfare mothers tend to put more emphasis on their children's future and education than nonwelfare mothers. Chambres (1985) concluded that there is no support for the concept of a "culture of welfare".

Child Welfare

Children with child welfare status who have been "in care" tend to have higher rates of emotional disturbance than children who have not been involved with child welfare. Thompson and Fuhr (in press) found rates of psychopathology between 60 and 80 percent in 50 children in out-of-home placements. These rates were measured by the Child Behavior Checklist (CBCL), Eysenck Personality Questionnaire (EPQ), Children's Depression Inventory (CDI) and the Culture Free Self Esteem Inventory (SEI). According to Thompson and Fuhr, the fact that the rates of neuroticism, depression and self-esteem did not show abnormal distributions suggests that these were not just unhappy children dealing with difficult problems. The over-representation of psychopathology on psychoticism, criminality, and externalizing behavior suggests personality patterns that could lead to serious adult disturbances that are difficult to treat. This study

did not include familial variables. Therefore, the role family dysfunction may have played in the development of emotional problems in these children can not be addressed.

Wolkind and Rutter (1973) found that 10 and 11 year old children with emotional disorders (based on parent and teacher ratings) were much more likely to have been in care than those who did not display these disorders. For at least half of these children the reason for going into care was because of family difficulties or a mental disorder of the mother. After the care, 77 percent returned to families where the parents marriage was rated "fair to poor" or worse. One third of the control group had parents whose marriage was rated fair to poor. Wolkind and Rutter (1973) argue that the higher rate of poor marriages for children with emotional disturbances "probably reflects a currently disturbed family situation which played a part in the genesis of the deviant behaviors" (p. 102). Wolkind and Rutter do not discuss how the opposite may be the case such that behavior problems in the child result in stress on the marital relationship.

Wolfe and Mosk (1983) studied thirty-five physically abused and thirty-six non-abused children

from a child welfare agency to thirty-six non-abused non-child-welfare families. These authors hypothesized that the problems of abused children are the result of prolonged aversive interactions among family members. Wolfe and Mosk (1983) found that abused and non-abused children from child welfare families obtained significantly lower social competence scores than non-abused non-child welfare families as measured by Achenbach's Child Behavior Checklist. The behavior problems of abused children closely resembled the range of problems shown by children from distressed families in which abuse was not present. Wolfe and Mask (1983) argue that the fact that similar behavior problems were found in abused and non-abused distressed families suggests that social incompetence is not specific to abused children but to children from problem families in general. They further argue that the disturbances in these children's social and behavior development may be more a function of family events and interaction than isolated abusive episodes. The environmental factors that maintain maladaptive behavior need to be isolated. The family events and interactions that Wolfe and Mask (1983) discuss as contributing to the disturbances of these children may reflect a

dysfunctional emotional system (Kerr and Bowen, 1988). A dysfunctional emotional system results in symptoms which may take a variety of forms. Based on Kerr and Bowen's (1988) theory, it can be hypothesized that the family history of the parents of abusive families would have also been characterized by abuse. The non-abusing families would be expected to be characterized by other symptoms that reflect the learning history of parents from their family of origin. Problems with Wolfe and Mask's (1983) study are that low frequency private illegal behavior is not identified and reports of children's functioning was based on information from parents.

The research on violence, sexual abuse, alcoholism, mental illness, suicide and divorce indicates that these problems are multigenerational in nature. Thus the research provides support for multigenerational theory (Bandura, 1973; Boszormenyi-Nagy & Ulrich, 1981; Bowen, 1978; Bowlby, 1980; Framo, 1981; Kagan & Schlossberg, 1989; Paul & Paul, 1975; Williamson, 1982). The research exploring the transgenerational patterns of poverty is inconclusive. A relationship between poverty and child abuse, however, does emerge providing some indirect

confirmation of the argument that stress and anxiety are important factors in the development of dysfunction in the family (Bowen, 1978; Kagan & Schlossberg, 1989). Research on specific symptoms provides insight on the understanding of the multigenerational problems that have brought families to the attention of child welfare authorities.

Research has tended to focus on the multigenerational nature of specific problems rather than the cyclical nature of all of these problems in crisis orientated families. The present study focuses on the recurring nature of problems in child welfare families. The process through which transgenerational patterns occur has also received little research attention. The multigenerational theories of Kagan and Schlossberg (1989) and Bowen (1972) and Williamson (1982) in relation to child welfare families was further investigated in this study.

Questions

Kagan and Schlossberg (1989) state that families plagued with a multitude of problems tend to become involved with child welfare. These problems take many forms, including violence, sexual abuse, alcoholism, mental illness, suicide, divorce and dysfunctional

family relationships. Kagan and Schlossberg (1989) and other multigenerational theorists (Bandura, 1973; Boszormenyi-Nagy & Ulrich, 1981; Bowen, 1978; Bowlby, 1980; Framo, 1981; Paul & Paul, 1975; Williamson, 1982) further contend that these problems will often repeat themselves through the generations.

According to Kagan and Schlossberg (1989), Framo (1980) and Paul and Paul (1975) the reason incidents and patterns continue into the next generation is that they have never been resolved. Kagan and Schlossberg (1989) argue that for families in perpetual crisis the grief process is blocked, issues are not resolved and are thus reenacted. The likelihood of families experiencing symptoms is affected by the amount of support families have to help alleviate stress (Kagan & Schlossberg, 1989; Kerr & Bowen, 1988).

This study is based on the assumption that child welfare families experience a multitude of problems.

The following question is based on multigenerational theory (Bandura, 1973; Boszormenyi-Nagy & Ulrich, 1981; Bowen, 1978; Bowlby, 1980; Framo, 1981; Kagan and Schlossberg, 1989; Paul & Paul, 1975; Williamson, 1982).

1. Do the problems found within child welfare families tend to repeat themselves through the generations?

Questions two and three are founded on Kagan and Schlossberg's (1989) work.

2. Is there a relationship between unresolved losses and problems in a family?

3. Is there a relationship between the support systems a family has and the problems it experiences?

Bowen's (1978) and Williamson's (1982) work raises several additional questions.

4. Do parents of child welfare families operate in a fused manner in their relationship with their spouses and parents?

5. Are child welfare parents less satisfied with the degree of intimacy in these relationships as compared to a normative sample?

6. Are child welfare parents more triangulated with their children and parents than a non clinical sample?

7. Are parents who are involved with child welfare more intimidated by their parents and have lower levels of personal authority than parents not involved with child welfare.

Questions one to three are addressed through a descriptive analysis of patterns. Questions four through seven are examined through a qualitatative analysis of the results of a questionnaire. The specific methodology used is presented in the next chapter.

CHAPTER IV

METHOD

Sample

Research subjects consisted of clients referred by the Department of Family and Social Services (child welfare units) to a counselling agency. Foster families were excluded, as were families that therapists felt were in too unstable a condition to participate in the study. Seven couples and ten single parents participated in the study, representing seventeen families. The majority of the subjects had some high school or were high school graduates (n=16). Seven had some university or had graduated from university or college. One subject had less than ten years of formal education. The majority of subjects had an annual income between $10, 000 and $40, 000. Three families made less than $10, 000 and three made more than $50, 000. Six families were on social assistance. All of these were single parent (mother-led) families. Three of these six interviewees also had mothers who were on social assistance. Two subjects who were on social assistance also had a sibling on social assistance. The mean number of children per family was 2.8 (S.D.= 0.7) The mean age

of the children was 11.7 years (S.D.= 5.4). The average age of the parents was 38.5 (S.D.= 6.8). All families that agreed to participate in the study were contacted for an interview. Only the parents or parent in counselling were interviewed. When couples were involved they were interviewed together.

Research Instruments

Genogram

Data collected from the interview was recorded on the MacGenogram, which is a computer program that produces a genogram. A genogram is a structural diagram of a family's multigenerational relationship system, which shows family members in a family-tree format. It notes data such as sex, age, year of marriage, offspring, current marital status and year of death. It may include such data as a description of intersystem functioning, personality characteristics and relationships of family members and a description of the functional and dysfunctional systems in the family.

The genogram is a very effective aid to families in identifying their family patterns (Beck, 1987; McGoldrick & Gerson, 1985; Wolf, 1983). It has enabled

violent families to see the family pattern of violence (Nichols, 1986). The genogram has been described as effective in marital therapy for allowing couples to see the past familial relationship patterns of their spouses and thus see their spouses from a different perspective (Wachtel, 1982). According to Boszormenyi-Nagy and Spark (1984), children are helped by seeing abusive parents change their relationship with their own parents.

As a therapeutic tool it is "a goldmine of individual patterns and potential solutions for the therapist" (Wolf, 1983, p. 220). When the family is able to identify transgenerational patterns they are able to learn new patterns and transcend old habits. Traumatic crisis can be reviewed so that the family can deal with unresolved issues (Wolf, 1983).

Kerr and Bowen (1988) describe the genogram as enabling people to see how unstable functioning and symptoms of the present generation are related to the preceding few generations. According to Wachtel (1982), the genogram can be used to assess differentiation from spouse and failure to separate from the family of origin.

Kagan and Schlossberg (1989) discuss the genogram as a an effective technique for professionals working with child welfare families. A genogram can be used to build a hypothesis and enable a family to see patterns. Through the genogram, one can uncover how themes of loss, foster placement and so forth fit into the rules, patterns and emotional processes of the family.

Other uses of the genogram include outlining family developmental issues and life-cycle stressors, educating families about triangulation, clarification of role delineations, helping families overcome negative attitudes and conflicting feelings (Carter & McGoldrick, 1980).

Personal Authority in the Family System Questionnaire

The Personal Authority in the Family System Questionnaire (PAFS-Q) is a 123-item Likert·type self-report instrument. It is designed to measure family processes based on aspects of current intergenerational family theory (Williamson, 1982). Specifically, the PAFS-Q yields 8 scale values (Bray, Williamson & Malone, 1984).

1. Spousal Fusion/Individuation (SPFUS): This is the degree to which a person operates in a fused or individuated manner in relationship with the spouse or

significant others. Individuation is synonymous with differentiation (Bowen, 1978) and is on a continuum with fusion at the opposite end. Larger scores indicate more individuation.

2. Intergenerational Fusion/Individuation (INFUS): This is the degree to which a person operates in a fused or individuated manner with parents. Larger scores indicate more individuation.

3. Spousal Intimacy (SPINT): Items assess reported satisfaction or dissatisfaction and degree of intimacy with their spouse. Intimacy is used here as the degree of voluntary closeness with distinct boundaries. Larger scores indicate more intimacy.

4. Intergenerational Intimacy (ININT): Items assess reported satisfaction or dissatisfaction and degree of intimacy with parents. Larger scores indicate more intimacy.

5. Nuclear Family Triangulation (NFTRI): This is the degree of triangulation between spouses and their children. Larger scores indicate less triangulation.

6. Intergenerational Triangulation (INTRI): The items measure triangulation between a person and his/her parents. Larger scores indicate less triangulation.

7. Intergenerational Intimidation (INTIM): Items assess the degree of personal intimidation experienced by an individual in relation to his/her parents. Larger scores indicate less intimidation.

8. Personal Authority (PerAut): This scale measures personal authority as described by Williamson (1984). Items are scaled such that larger scores indicate more personal authority.

The PAFS-Q was developed on the basis of clinical experience and relevant literature, which supports its content validity. A pool of items was developed to measure transgenerational family theory. The instrument was pilot tested and revised several times. Construct validity has been shown through its relation to the Dyadic Adjustment Scale (DAS) and the Family Adaptability and Cohesion Scales (FACES). Construct validity has further been shown through factor analysis.

Internal consistency coefficients range from .80 to .95. Test-retest reliability ranges from .55 to .95.

Procedure

The interviews took place in the client's homes and ranged from between one and a half to three hours.

After the interviews were conducted the subjects were asked to complete a questionnaire and demographic characteristics sheet. Occasionally, due to lack of time, the questionnaire was left to be filled out by clients at a later time and to be returned to the counselling agency. Out of seven questionnaires left behind, two were not returned.

A pilot study was conducted with two families to test the interview format. These two families were included in the study because only minor changes were made to the format of the interview.

The data were collected with a semistructured interview and a self-report questionnaire. The interview (Appendix A) was used to collect the data needed to build a genogram. The semistructured interview allows a reasonably objective interview to be conducted, while still permitting the interviewer to digress and thus obtain a more thorough understanding of the phenomena being studied (Borg & Gall, 1989).

In intact two-parent families, both parents were interviewed together. Allan (1980) discusses an advantage of interviewing couples together: information obtained from the interview is corroborated and supplemented by the spouse, thus creating a more

accurate picture. In single parent families, one person was relied on for the information (the mother in all ten of the single parent families interviewed). They were asked to give as much background as they could in regarding the father's family.

Anderson, Endicott and Reich (1986) argue that in the medical field interviewing patients systematically to gain information about their parents, siblings and offspring gives a gross indication as to whether disorders are familial. This method is not affected by suicide or location of relatives and is more economical than interviewing all members of the family. The authors also suggest, however, that this method may underestimate affective disorders and that interviewees may deny their own problems.

Interviews were tape recorded. Tape recording allowed the researcher to review the data at a later time to clarify notes taken during the interview. Note-taking took place during the interview. It is believed that the advantages of taping and note taking outweighed any disruption they may have caused.

Method of Presentation

Genograms were constructed based on the information gained through the interviews. All members of the family for as many generations as recalled were included on the genogram. Deaths and date of birth of family members were noted. Crises that were identified by interviewees were recorded on the genogram. Crises included physical, mental and sexual abuse, suicide, alcohol and drug abuse, divorce, separations, out of wedlock pregnancies, mental illness, foster care, social assistance, teenage rebellion and arrests. Relational patterns were identified on the genogram. Relational patterns refer here to communication styles, personality characteristics, relationships and parenting styles.

The information gained from interviews is described in a narrative format. Hill (1981), in discussing trends in family research, highlights the importance of descriptive studies when he writes: "Exploratory, descriptive work generates more discoveries per hour expended than large scale quantitative verification" (P. 256). Miles and Huberman (1984) have found "that narrative text alone is an extremely weak and cumbersome form of display"

(p. 79). They argue that information presented in a spatial and systematic manner increases "the chances of drawing and verifying conclusions" (p. 79). In the current study, narratives were supplemented by genograms. The genograms were used to order the data.

Narrative Psychology

Narratives can be considered synonymous with stories (Robinson & Hawpe, 1986). Robinson and Hawpe (1986) state that stories are a means of interpreting events so that a causal pattern emerges. Events can then be seen systematically related rather than just "one damned thing after another" (Gergen & Gergen, 1988). The narrative approach attempts to understand human actions across time. Since this study attempts to study the relationship of events in families over time it is seen as an appropriate methodology for this study. Stein and Plicastro (1984) argue that there is no single structural model of stories. The narratives were based on the genograms and notes taken during the interview. The tape recordings were used only for clarification. The semistructured interview format allowed for an abundance of information to be obtained. It was necessary to organize the material and restrict

the amount of direct quotation from the interviews because of the large amount of material acquired.

The narratives begin with a description of what brought the families to child welfare. The introduction of the families are followed by a description of multigenerational crises the families have encountered, significant losses and support systems available to the families. A summary of the current family situation concludes the narratives.

The narratives presented are based on the views of those interviewed and as stated by Gergen and Gergen (1988) no single perspective has "the real truth". An event may thus be seen very differently by different participants and observers of the event (Landau, 1986).

Robinson and Hawpe (1986) discuss the strengths of the narrative, saying it creates an understandable order in human affairs; it provides an economical cognitive instrument for understanding everyday life; and it offers some criteria for the selection of information to be included in a story.

Ethical Considerations

Due to the sensitive content covered by the interview and questionnaire, ethical considerations are especially important. Families that met the criteria

for the study were informed of the study. All clients had the choice not to participate. They were assured that if they did not participate there would be no repercussions. An informed consent form was signed by all persons who agreed to participate. Subjects were assured of confidentiality. Subjects names' and telephone numbers were kept in a separate file. Debriefing was especially important in this study because discussing one's family of origin may bring up unresolved issues and may be a very emotional experience. Subjects were encouraged to bring up issues that arose with their therapists.

Chapter V

RESULTS

The findings from the family interviews are presented in the following section. The perceptions of the members of the families interviewed are presented in a narrative style. Each family is described utilizing some of the following themes: current family situation, crises that have occurred in the family, multigenerational crises, multigenerational relational behaviors, significant losses and support systems.

Family 1 (Jan)

Jan, a 24 year old woman with a grade Nine education is a single parent with two daughters (four and three years of age) and a six month old son. She is financially supported by social assistance and became involved with child welfare when a neighbor reported that she was not properly caring for her children. Jan was heavily into drugs and was neglecting her children. Child welfare has since provided a homemaker and parent aid to help Jan cope.

Crises

Crises that have occurred in her family include a suicide attempt by Jan when she was a teenager, alcohol and drug abuse, violence, sexual abuse, prostitution, difficulties with the law, illegitimate children, unstable relationships, child welfare involvement and dependency on Income Security. Some of these crises have a multigenerational nature in Jan's family.

Multigenerational Crises

Substance abuse is prevalent in Jan's family. Jan and the father of two of her children have had drug problems, although Jan is not using drugs at this time. One of Jan's sisters has also had a drug problem and her father is an alcoholic.

Violent relationships have been common in Jan's family: Jan's father beat her mother and both of Jan's common-law relationships were characterized by violence. Jan kicked her last common-law husband out after he broke her nose. Jan's oldest sister was physically abusive with her son.

Jan's family members have repeatedly been involved in unstable relationships. Jan has had two common-law relationships that ended in less than two years. Jan's parents and the parents of her ex-common-law husbands

are divorced. Jan's first common-law husband, whose mother had once had an affair, left Jan for another woman when she was eight months pregnant with her second daughter.

Child welfare involvement and parenting difficulties have also been common in Jan's family. Two of Jan's children have been in foster care. Jan lived in a foster home, after running away from home, at fifteen years of age. Her older sisters have both given up children to child welfare because of their unsuccessful attempts to parent.

Jan is currently on Social Assistance and her mother has been on assistance for many years.

Support

Jan states that she has friends to call, but that her friends are not very supportive. She thinks that if she had the money she would call her family long distance for support. Jan has found counselling and child welfare interventions beneficial, although she hates having social workers in her life because she feels they are watching her every move. Jan reports that social assistance has been very helpful and that she has a good social worker. Jan reports that the people who know of her involvement with child welfare

are drug addicts. Although these people verbally support her efforts to change, they continue to do drugs and drink around Jan and her children, suggesting that they are not actually supportive or respectful of her goals.

Conclusion

Jan comes from an alcoholic and abusive home. She has repeated this pattern by becoming involved with drug abusers and physically abusive men. This pattern is further propagated by Jan, who has also become dependent on drugs. Jan is now trying, however, to make changes in her life, and has goals of going back to school and learning how to be a better parent. Breaking the pattern appears to be more difficult than anticipated as Jan continues to struggle with her addictions and changing her lifestyle.

Family 2 (Leslie & George)

Leslie and George have been married for nine years and have a ten year old son. Joe, who is Leslie's eldest boy, is from a previous relationship. Leslie and George both work full-time. Joe was stealing, lying and beating up his younger brother. When Leslie became desperate because she and George were unable to handle Joe; she called child welfare; Joe is currently

in foster care. Joe's younger brother is scared of Joe and does not want him to return home. Joe has always had difficulties. Leslie and George report that he has had neurological problems from birth and that he has had behavior problems at school. He did not learn to speak until he was four years old.

Crises

Some of the crises that Leslie and George's family and families of origin have experienced include the following: physical abuse, rebelliousness, out of wedlock pregnancies, unstable relationships, alcohol and drug abuse, foster care, sexual abuse and mental illness. Some of these incidents have occurred in several generations.

Multigenerational Crises

Multigenerational crises include the following: physical abuse, foster care, rebelliousness, out-of-wedlock pregnancies, unstable relationships and alcohol and drug abuse.

Child welfare has gone to Leslie and George's home on several occasions to investigate reports of severe spanking. Leslie's first husband was physically

abusive to her. Her father was physically abusive with her mother and also "beat the children severely".

Joe has been in a foster home for six months. Leslie lived in foster care from 13 to 16 years of age. Leslie's youngest sister was placed in foster care and at 12 years of age her second youngest sister ran away from home.

Leslie states that she was a very rebellious teenager, but that she did not, however, act out to the extent that her son does.

A pattern of illegitimate children prevails in Leslie's family. Leslie's children and her oldest sister were born out of wedlock. Two of George's children were born before he married his first wife. All of his children have had children out of wedlock.

Leslie and other members of her family have a history of unsteady relationships. Leslie is currently in her third long-term relationship. She is divorced and was also in a common-law relationship previous to her first marriage. Leslie's parents are divorced. Her mother has been married several times and her father has three ex-wives. One of Leslie's brothers and one of her sisters are divorced. George and one of his sisters has been divorced.

Leslie's father is an alcoholic and her brother deals drugs.

Relational Behaviors

A pattern of secrecy seems to prevail between generations. In Leslie's family of origin, her oldest sister does not know who her father is, and in her current family, her son Joe does not know that George is not his biological father.

Leslie is trying to change a pattern of selfishness. Leslie feels that her mother was selfish and gave her few material things. Leslie feels strongly that she wants things to be different for her children.

Support

Leslie and George are finding that they are under too much pressure to support each other now. Leslie has a supportive friend and Leslie and George both find therapy helpful.

Leslie and George's experiences with child welfare have been very negative. They have found that they have had to fight for "everything"; for example, they had to sign a custody agreement to receive any help.

Leslie feels "ashamed" of their involvement with child welfare and does not talk to people about the

situation. George states that he "doesn't care what other think".

Conclusion

Leslie and George state that love has kept the family together and that they have a strong commitment to each other. The difficulties they have had with their son have been a source of stress in their relationship. Leslie and George are still struggling with their son's behavior and to keep their family together.

Family 3 (Sally)

Sally is a thirty-six year old female with a four year old daughter and a fifteen year-old son. Sally had dropped out of school in Grade Ten, but has since completed high school and an accounting course. She is working full-time. Her son is currently living with her oldest sister's ex-husband. Sally called child welfare because she could not handle her son any longer. Sally and her son have been engaging in physical fights since her son was fourteen years old. She feels that they are in a power struggle with each other. Sally reports that her son has been attending school but that he does not apply himself. He has

trouble making friends, gets into a lot of fights and was kicked out of school last year.

Crises

Crises that Sally and her family have faced include physical and verbal abuse, alcoholism, out of wedlock pregnancies, mental illness, teenage rebellion and divorce. All of these crises have occurred across the generations, except for divorce.

Multigenerational Crises

A pattern of physical abuse emerges in Sally's family. Sally and her son have been engaging in physical fights and her son has been in fights at school. Sally's ex-husband was verbally abusive with her and she was physically abusive with him. Sally and her sisters were involved in frequent physical fights when they were growing up. One of Sally's sisters used to beat up Sally quite severely. Sally's mother was unable to control the children and her father would just ignore the fighting. Sally's parents were both abusive with each other.

Alcohol problems also prevail in Sally's family. Sally describes her ex-husband as a "weekend drinker". She states that her mother, mother's sister and maternal grandmother all have drinking problems.

A pattern of out-of-wedlock pregnancies is evident. Sally's children were born out of wedlock and both of her sister's have had children out of wedlock. Her sisters gave up their children for adoption. Sally thinks that her mother was also born out of wedlock.

A transgenerational pattern of mental instability seems to run in Sally's family. Sally is clinically depressed and on medication. Sally's father ran away from home at seventeen and never saw his family again. She describes him as a "bitter" depressed person. Sally's oldest sister's daughter is bulimic.

Sally states that she and her teenage son are in a power struggle and he is rebelling against her authority. Sally reports that she and her sisters all rebelled against their parents in their teenage years to such an extent that one of her sister's broke her mother's ribs.

Relational Behaviors

A pattern of social isolation emerges among Sally's father and son. Sally states that her father had no friends; similarly she describes her son as having difficulties making friends and having few friends as a result.

Sally describes her parents as never showing affection to each other. Sally recreated this lack of affection in her own marriage when she married a man who had difficulties expressing feelings.

Significant Losses

Sally's dad died when she was pregnant with her son. She found his death very difficult because she was very close to her father. She is not sure how she dealt with the death, but feels that she dealt with it well. She reports that there were no unresolved issues between them. Sally's mom started to drink even more when Sally's father died. Sally's father did not approve of her mothers drinking and this caused a lot of fights over the years.

Support

Sally's family has been very supportive, and so has a good friend of hers. Sally has found child welfare and the therapy they set up for her helpful. When Sally was growing up she went to counselling for four years, which she found helpful. Sally had difficulty with one particular counsellor when she was pregnant with her daughter. She felt that she was judged because of the circumstances around her pregnancy. Sally states that being involved with child

welfare is scary because she knows that they can take away her children at any time.

Sally feels that her friends and family see her as weak because of her involvement with child welfare. She feels that people blame and judge her. Sally states that her family knows what her son is like and are therefore more understanding.

Conclusion

Sally is not sure what keeps the family going. She is proud of her children and feels that she is a strong person. Sally finds her current counselling helpful and is trying to resolve the power struggle between she and her son.

Family 4 (Audrey and Grant)

Audrey and Grant are forty-six and forty-nine years of age, respectively. They have been married for twenty-three years and have been separated for the last year. They are both working full-time. Audrey has a diploma as an occupational therapy assistant and rehabilitation worker. Grant has grade twelve. The family first became involved with child welfare four years ago when their eldest daughter (who was sixteen at the time) disclosed that Grant had sexually assaulted her. Grant moved out of the home and then

served a ten month sentence for the sexual abuse. He returned home after his sentence was completed. Audrey and Grant's youngest daughter (Louise, fifteen years of age) began to complain of stomach aches for which a physical problem could not be found. She was admitted into a psychiatric ward and refused to come home as long as her father was there. Grant moved out and she moved back home. Louise was angry with her father for abusing her sister and for verbally abusing herself. Louise barely speaks to her father now.

Crises

Crises that have occurred in Audrey's and Grant's families include suicide attempts, mental illness, alcohol and drug abuse, sexual, physical and verbal abuse, divorce, foster care, out of wedlock pregnancies, alienated family members, arrests and premature death. Some of these crises have repeated themselves in several generations.

Multigenerational Crises

Suicidal thoughts are apparent in two generations of Audrey and Grant's family. Audrey attempted suicide when Grant was in jail; Audrey and Grant suspect that Louise has been suicidal at times.

A pattern of depression and other possible mental illness materializes as Louise is clinically depressed and on medication; Audrey is also on antidepressants and Grant's oldest sister spent time on a psychiatric ward.

Audrey and Grant describe a lot of substance abuse in their families. Louise has been drinking and doing drugs. Audrey's maternal grandfather, uncle, father, and oldest brother are alcoholics. Grant's father and two of his brothers are alcoholics. Grant had an alcohol and drug problem, but has quit drinking and using drugs.

Grant sexually abused his eldest daughter and was sexually abused himself by a baby-sitter. Grant states that he has some suspicion that his father molested his half-sister. Grant's mother reported to Grant that his father used to peer into the neighbor's house (inappropriately). Grant's sister was sexually abused by his father's half-brother.

Grant's mother was emotionally and physically abusive with him. Grant carried on this pattern with his two daughter whom he has been verbally abusive towards. Audrey and Grant's eldest daughter is currently in a physically and verbally abusive

marriage. Audrey's sister's husband is from a verbally abusive home.

Grant's mother and sister have both had out-of-wedlock pregnancies. Two of Grant's siblings who were born out-of-wedlock do not know who their father is. Grant's half-sister has had four children out-of-wedlock by three different men.

Relational Behaviors

Grant states that there was "no communication in (his) family". Similarly, Audrey and Grant describe their current family as having poor communication. Audrey and Grant see Louise as a person who "keeps things to herself, like her father".

A pattern of children being raised by people other than biological parents emerges. Grant's sister's oldest daughter was raised by Grant's mother. Grant's father was raised on a reserve and Grant is not sure whether the family his father lived with was a foster family or relatives.

Significant Losses

Grant found out about his father's death as he was slapped awake by his mother saying "you're the man of the house now". He loved his father despite the fact that his father would not have anything to do with

him. Grant tried to turn to his mother, but she rebuffed him. Grant has a lot of anger towards his mother. Grant states that he has a lot of unresolved issues with his father.

Grant's mom did not "shed a tear" when her own father died. According to Grant's mother's brother they were not allowed to show emotions in his mother's family.

Audrey had a very difficult time when her grandmother died. She does not feel that she dealt with it well. She dealt with it by being very busy. Audrey and Grant report that Audrey seems to have a pattern of not giving herself time to grieve; she tends to block things out. Audrey feels that she was too busy supporting her mother when her father died to grieve herself. Grant states that there are a lot of unresolved issues between Audrey and her parents, especially over neglect. Audrey's parents worked sixteen hours a day and the kids were mostly raised by their maternal grandfather.

Support

Audrey has received support from Grant's brother and his wife. Audrey feels that her mother would rather run her life than support her. Audrey's mother did not want Audrey to stay with Grant after her daughter disclosed the sexual abuse. Audrey describes a superficial relationship with her mother. Her sister, who lives out of town, is supportive. Audrey attends a support group which she finds helpful.

Audrey has been Grant's support person. Grant also reports that there is one particular therapist that would be supportive if Grant were to reach out to him.

Audrey and Grant report that the investigation by social services was good but that the investigation by the police department was poorly conducted. Audrey and Grant state that they have had twelve social workers in the last year, some of whom they liked and some of whom they did not like. They have found the number of different social workers frustrating.

Audrey and Grant state that as long as child welfare is helping them they do not mind being involved with them. Few people know about their involvement

with child welfare and they report that they do not care what others think about their involvement.

Conclusion

Audrey and Grant have a lot of hope for their family. They state that there is a lot of love between the parents and children. Their eldest daughter has forgiven Grant. Their youngest daughter Louise is continuing to act out, but they report that she can be "really sweet" at times. Grant and Audrey are in therapy together trying to put their family back together.

Family 5 (Mary)

Mary is a thirty-five year old single mother. She has a grade nine education and has completed a photography course. She quit photography because of the hours and has been on social assistance for several years. She has four children, ages thirteen, eleven, seven and four. Her thirteen year old daughter was diagnosed as clinically depressed two years ago. Her daughter was skipping school, drinking and physically attacked her mother and brothers. Mary could no longer handle her daughter so she called child welfare. Mary's daughter also called child welfare after Mary gave her daughter "a licking".

Crises

Difficulties that Mary and her family have faced include teenage rebellion, foster care, arrests, alcohol and drug abuse, sexual promiscuity, mental illness, sexual, physical and verbal abuse, divorce, affairs, out-of-wedlock pregnancies, attempted suicide and social assistance. Some of these crises have occurred over several generations.

Multigenerational Crises

Crises that have been multigenerational include the following: teenage rebellion, foster care, arrests, alcoholism, promiscuity, mental illness, mental, physical and sexual abuse, out-of-wedlock pregnancies, welfare, suicide and divorce.

Mary ran away at age twelve and became involved with drinking and partying. She ended up in a foster home at age fourteen. Mary's daughter engaged in similar behaviors, and is currently living in a foster home. Mary's sister has had difficulties with her thirteen year old son who is currently living with an older friend. Mary's sisters also had difficulties living at home and moved in with relatives with the oldest two moving out at thirteen and fourteen years of age, respectively.

Mary's daughter has been caught stealing and has been charged with assault. Mary's sister was caught stealing when she was young, her ex-husband has been charged with impaired driving, and his brother has charges of theft and impaired driving.

Mary's daughter has been involved with drinking. Mary describes herself as going "wild" after she split up from her husband. She began drinking heavily and states that she drank excessively at that time. Mary's father and stepfather are alcoholics. Mary reports that her grandfather on her father's side may have been an alcoholic and that her grandfather's brother on her mother's side died an alcohol related disease. Mary reports that her mother's siblings are all alcoholic or married to alcoholics. Her father's brother is an alcoholic and his sister's children are mostly alcoholic. Mary's husband is an alcoholic and three of his four brothers are alcoholics.

After Mary split up with her husband she became very promiscuous and brought a lot of men home. Mary reports that her mother was very promiscuous at one time and "slept with the town" on her wedding night.

Mary's daughter is clinically depressed. Her oldest sister and mother have been diagnosed as manic-depressive.

Mary's daughter was violent toward Mary and her sons. Mary's ex-husband was physically and verbally abusive toward Mary. Mary was verbally abusive with her husband. Mary states that there was a lot of yelling and verbal abuse between her parents. Mary's ex-husband's father was physically abusive.

Mary's mother's uncle molested her mother and aunts. Her mother left Mary and her siblings with this man who molested them as well. Two of Mary's mother's brothers were also sexually abusive of Mary and her sisters. Mary's oldest sister was raped by one of her maternal uncles. Mary's mother blamed the daughter for this incident.

Mary married at sixteen because she was pregnant. Her mother married at fourteen because she was pregnant. Mary's oldest two sisters had a babies at 16 and 15, respectively, and dropped out of school. Mary's youngest sister is unmarried and pregnant. Mary's mother's sister had a child out-of-wedlock, as did two of her brothers. Mary's ex-husband's sister had a child out-of-wedlock.

Mary is on social assistance. Her mother was on social assistance after Mary's father's death.

Mary's father committed suicide and her daughter has made two suicide attempts.

Mary and her ex-husband had many separations and are currently divorced. Her ex-husband's parents are divorced.

Relational Patterns

Mary hated her mother, who was always cold physically and psychologically. Her mother would say "I should rent you out to men" or send you to a foster home. They were on social assistance and never had any money, although her mother always had nice clothes. Mary gets along with her mother now. Mary's mother is sorry for how she was and states that she did not know any better. Her mother describes being raised in a similar way to how she raised Mary and her siblings.

Mary states that her ex-husband was a "slob" like her mother.

Significant Losses

When Mary's father committed suicide Mary felt like she had "smashed into a brick wall" and her childhood was over. She could not believe he was dead and felt like she "was drowning". Mary describes the

whole family as being stricken with grief. She feels that her mother became "religious and mean" after her father's death. Mary feels that she has unresolved issues with her father because he was not there for her when she was growing up. She feels that her mother did not deal with her father's death well. Her father's family blamed her mother for her father's suicide and ostracized her from the family.

Support

Mary's sisters are very supportive. Mary is involved with a church that she finds very supportive. She states that child welfare and counselling are helpful.

Mary hates the social stigma of being on welfare and states that one of her sisters gives her a hard time about it. She feels degraded and does not want to live off the system, but feels that her family is more important then working right now. She feels that she has to defend herself to others and to herself. She feels uncomfortable when she uses her prescription card and people know that she's on welfare. She reports that people occasionally make comments like "this is expensive medicine". Mary states that she "tries to

live above (her) poverty by keeping the house and kids clean".

Conclusion

Mary describes the love and caring in her family as being a real strength. Since Mary has been going for counselling she has begun to see hope for herself and her children. She is proud of her children and feels that she has done well.

Family 6 (Janet)

Janet is a forty-nine year old single parent. She dropped out of school in grade eight because she had to stay home to take care of her mother after she had a hysterectomy. She has since completed her grade eleven through upgrading. Janet was recently laid off from her job as a sales clerk and is on unemployment insurance. She has a married twenty year-old daughter from her first marriage and a fifteen-year old daughter. Janet and her second husband adopted their youngest daughter, Judy, when she was six months-old. Judy is Janet's second youngest sister's daughter. Janet's sister, who was pregnant, married at 17 years of age. After having three children, including Judy, her sister left her abusive husband. She found that the three children were more than she could handle.

Since Janet was not able to have any more children, and she and her husband wanted a child, they adopted her sister's child.

Janet called child welfare when she became frustrated with Judy and hit her. She called child welfare when Judy was fourteen. Judy had been skipping school, staying out late, drinking, smoking drugs and rebelling against Janet.

Crises

Crises that Janet and her family have experienced include teenage rebellion, dropping out of school, alcoholism and drug abuse, physical, mental and sexual abuse, mental illness, unstable relationships, attempted suicide and out-of-wedlock pregnancies. Some of these crises have occurred in several generations.

Multigenerational Crises

Incomplete schooling has been a pattern in Janet's family. Judy has refused to go to school and has dropped out. Janet, her siblings and her parents have not completed high school.

Substance abuse has been prevalent over the generations. Judy has been acting out with drugs and alcohol. Janet's brother is an alcoholic and drug abuser. He lived with Janet and Judy for approximately

two years and during this time he often became intoxicated and passed out on the bathroom floor. Judy's biological father is an alcoholic. Janet's first husband was an alcoholic, as was one of her mother's brothers. One of Janet's mother's sister's is addicted to prescription drugs and has attempted suicide by drug overdose.

Sexual abuse has occurred in two generations of Janet's family. Janet's oldest daughter was sexually abused by a man that Janet lived common-law with for nine years between her first and second marriages. One of Janet's sister's was sexually abused by a cousin.

Violent relationships have been common in Janet's family. Janet's daughter is currently in an abusive marriage. This daughter observed Janet's common law physically and mentally abuse her. Two of Janet's sister's were in abusive marriages.

A pattern of alternative care givers to biological parents is apparent. Not only is Janet raising her sister's daughter, but her third oldest sister had a child at sixteen years, was adopted by friends. Janet's father was born out-of-wedlock and was raised by his grandparents. Janet's mother's youngest sister had three children out-of-wedlock. These children were

raised by Janet's grandmother. Janet moved in with her parents after she left her first husband. She then lived in an abusive common-law relationship for nine years. During this time Janet's oldest daughter moved back and forth between Janet's home and her grandparent's home. This daughter calls Janet by her first name and refers to her grandparents as mom and dad. This daughter has a lot of resentments toward Janet.

Relational Patterns

Janet feels that problems in her family are not talked about; there are a lot of secrets in the family. She has never talked to her father about what it was like for him to grow up with his grandparents. Janet has always thought that she is like her father: that she talks a lot, like him. She now thinks that she is more like her mother, who has trouble dealing with some things. She states that her mother acts as "if you burry your head in the sand it will go away". Janet feels that she cannot talk to Judy, just as her mother could not talk to her.

Significant Losses

Janet found the death of her grandmother very difficult. Janet's grandmother spent a lot of time

with the family when Janet was growing up and Janet was very close to her. Janet feels that she dealt with the death well.

Support

One of Janet's aunts has been a major support person, but passed away several years ago. She has had different friends over the years that have supported her in different situations. Janet states that she is mostly on her own now and is not very trusting because she has had confidences used against her. Janet feels that social workers are too busy and do not have enough time to listen. Janet was a little embarrassed when she first became involved with child welfare. She feels that the counselling she has received through child welfare has been helpful for her, but not her daughter. She states that some people feel sorry for her and that others take pleasure in her difficulties.

Conclusion

Janet describes herself as independent and proud. These characteristics seem to have enabled her to cope with the crises that she has had to deal with. She is currently trying to deal with her own issues from the past through counselling. She is, however, still having difficulties with her daughter and feels that

the issues with her daughter are not being addressed by child welfare or counselling.

Family Seven (Dawn and Ron)

Dawn and Ron have been married for five years. Dawn has three children (ages sixteen, fourteen and eight) from a previous marriage. Dawn and Ron are both working full-time. Dawn completed her grade twelve when she was separated from her first husband. Ron has grade nine.

Dawn and Ron felt that they could no longer handle their fourteen year old daughter and called child welfare. Their daughter had been running away and skipping school. Their daughter made sexual abuse allegations against Ron and moved into a foster home at that time. She has recently returned home. Their son has also been acting out and was recently charged with break and enter.

Crises

Crises that have occurred in Dawn and Ron's family include rebelliousness, difficulties with the law, sexual and physical abuse, suicide, divorce, foster care, drug and alcohol abuse, mental illness and out-of-wedlock pregnancies. A multigenerational pattern is apparent for some of these crises.

Multigenerational Crises

Rebelliousness, arrests, sexual abuse, suicide, fostercare, and alcohol abuse indicate a transgenerational pattern.

Dawn and Ron's oldest two children have both been rebelling against them by running away, skipping school and breaking the law. When Dawn was sixteen she ran away from home for several months. She returned home because she was picked up for break and enter. Dawn's first husband was also in trouble with the law for break and enter. Ron's mom's boyfriend did not want her children around so Ron had to move out at sixteen. He quit school, lived with his dad for two months and then moved out on his own. Dawn and Ron and the children's biological father did not complete high school. One of Dawn's brother's children has acted out in similar ways to Dawn's children. Dawn's half sister has had a lot of difficulty with one of her children.

Dawn's daughter has accused Ron of sexually abusing her. Dawn's ex-husband had sexual abuse charges made against him and Dawn suspects that he may have abused their daughter. Dawn was sexually abused by her father and brother. She was twelve when she was abused

by her father. She suspects that her half sister was abused by her father as well. One of Dawn's nephews has been charged with sexual abuse. Ron's sister was sexually assaulted by his mother's boyfriend.

Dawn's oldest two children have threatened suicide in the last year. Their biological father committed suicide when they were ten and seven. Two of their father's brother's had previously committed suicide. Dawn suffers with depression and has made several suicide attempts. Ron's sister has also attempted suicide.

Dawn's daughter moved into a foster home after she accused her step-father of sexual abuse. She lived there for six months. Dawn's first husband lived in a foster home when he was thirteen. Ron moved out on his own at sixteen.

Dawn's oldest son has been drinking heavily. His biological father had a drug and alcohol problem. His paternal grandfather also had a drinking problem. Dawn's father was an alcoholic, as was her mother's first husband. One of Dawn's brothers abuses drugs and alcohol. One of her sister's husbands was an alcoholic. Ron had a drug problem when he was sixteen, but quit using drugs at seventeen.

Relational Patterns

Ron and Dawn describe their parent's relationships similarly. Ron states that his parents tolerated each other and fought constantly; there was a lot of fighting. Dawn states that her parents "ignored each other" and just went their own way. Dawn states that she never felt accepted in her family. She feels that she married at seventeen because she was looking for someone to care for her, suggesting that she did not receive the love and nurturing she needed from her family.

Dawn and Ron's families of origins are characterized by terminated relationships. Dawn does not speak to her half-sister. Ron is angry with his father and has no contact with him. One of Ron's brother's cut off all ties with his father for several years. Ron's sister will not talk to her father. She blames him for her sexual abuse because he left her with her mother and mother's boyfriend, who abused her.

Significant Losses

Dawn's deceased husband's sister was killed in a fire at the age of six, and his father died of a heart attack a year before he committed suicide. Two of his brother's committed suicide. Dawn states that her ex-

husband never talked about deaths and the loss of his sister, brothers and father.

Dawn blamed herself when her husband committed suicide. She states that she was in "really bad shape" for about two months. She was in her "own space" and is unsure how the children dealt with his death. Dawn had been on the verge of kicking him out of the house when he committed suicide. She states that there were a lot of unresolved issues between them.

Dawn's daughter took her father's death very hard. The family talked about it for a while, but Dawn states that the children did not want to upset her.

Dawn took her father's death very hard. She felt responsible for his death and wondered if she had not moved away from him is she could have prevented it. When she lived in the same city as her parents her father would often come over to get away from his wife, who use to nag him a lot.

Ron found the death of his grandfather very difficult. His grandparents had taken him in when he was seventeen and helped "straighten him out". Ron dealt with his grandfather's death by keeping to himself. He states that he got over the death and he feels that he dealt with it well.

Support

Dawn and Ron state that they are mostly each other's support. They have also found Ron's sister supportive. They were involved with the Tough Love program, but they did not find it very helpful. They describe both good and bad counselling experiences.

Dawn and Ron state that they have had a lack of communication with child welfare and have found it very difficult to get in touch with their social worker. They state that child welfare would not talk to them at first and that child welfare seemed to just assume that they were bad parents. They found it a very negative experience.

Dawn was on Social Assistance when she was with her first husband. She had little contact with social workers but found that they had uncaring attitudes.

Dawn and Ron felt ashamed for being involved with child welfare. When Dawn was on social assistance she felt that she was "not worth anything" and this motivated her to go back to school.

Conclusion

Dawn and Ron feel that everyone in the family cares about each other and that this is what has kept the family together. They state, however, that no one

talks until a crisis occurs, and then it is too late. Dawn and Ron's children are faced with dealing with their father's suicide and other difficulties that have occurred in the family. Dawn and Ron are struggling with their own issues and abusive backgrounds, which may impair the amount of support they may be able to give their children.

Family 8 (Lynn and Len)

Lynn and Len have been married for eighteen years and have three children ages seventeen, fifteen and five. Lynn has grade eleven and Len completed grade twelve when he was in the hospital recovering from a motorcycle accident. Len works full-time in sales and Lynn runs a day home.

Lynn and Len became involved with child welfare when their daughter ran away from home. She moved into a group home, which she later ran away from. She spent three months on the streets and then moved into a foster home. She has been involved with drugs and alcohol and has made several suicide attempts. She is currently pregnant and living at home with Lynn and Len and her younger brother. Lynn and Len have not had any contact with their older son for one year. He has been charged with sexual abuse against his sister. Lynn and

Len suspect that he was sexually abused, but do not know who may have abused him. Lynn's brothers have been suppling him with drugs and alcohol and have obtained a lawyer for him.

Crises

Crises Lynn's and Len's families have confronted include drug and alcohol abuse, arrests, foster care, mental instability, suicide attempts, verbal, physical and sexual abuse and out-of-wedlock pregnancies. Some of these difficulties have occurred over several generations.

Multigenerational Crises

Problems Lynn and Len's families have dealt with in more than one generations are drug and alcohol abuse, arrests, foster care, mental instability, physical abuse and out-of-wedlock pregnancies.

Lynn and Len's oldest children have been involved with drugs and alcohol. There has been a lot of alcohol abuse in Lynn's family and she states that "alcohol was everywhere when I was growing up". Lynn had a drinking problem herself, but has not had a drink in three years. She was addicted to Valium at one time. Lynn's brothers, her father and paternal grandmother are/were alcoholics. Lynn reports that all

of her mother's siblings are either alcoholics or married to alcoholics and that all of her father's brothers are alcoholics. She suspects that her youngest sister has an alcohol problem. Len's sister is an alcoholic.

Lynn and Len's oldest son has been in trouble with the law for theft and sexual abuse. Lynn's brothers have both been in trouble with the law for theft. Lynn's father was charged with assault and drinking while impaired. Lynn's father's brother raped a girl.

A pattern of children leaving home prematurely seems to emerge in Lynn and Len's family. Their daughter ran away and lived in a foster home. Lynn lived with her maternal grandparents from the age of fourteen to eighteen because her parents had kicked her out. Lynn had lived with them on and off before that. She feels that they were more parents to her than her own parents. Lynn and Len raised Lynn's youngest sister and brother. Her parents were travelling and could not take care of them.

Lynn and Len describe their oldest son as confused, disoriented, sad, emotional and very unhappy. They describe their daughter as depressed and on an emotional roller coaster. Their daughters attempted

suicide and their son has threatened suicide. Lynn has a fear that her oldest children will kill themselves. Lynn has been depressed and is currently on antidepressants. Lynn has had three "nervous breakdowns"; when her grandmother died, when her daughter was born, and when she was a teenager. Lynn attempted suicide when she was fourteen and again when she was twenty. Lynn describes her father as nervous and depressed and her mother as a hypochondriac. Len has had suicidal thoughts and talked about "going over the high level bridge" when their daughter was having a lot of difficulties.

Lynn and Len describe Len as having a bad temper. Lynn states that the children are afraid of his temper. He has hit his daughter once and his son twice. Lynn describes her parents as having a violent relationship. Lynn's mother was often black and blue and was verbally abusive to the children. Lynn's father was physically and verbally abusive to the kids. Lynn suspects that her brothers are physically abusive in their relationships. Len's sister was married to a man who was mentally and physically abusive.

Out-of-wedlock pregnancies seem to have a transgenerational patterns in this family. Lynn and

Len's daughter is currently pregnant and planning on keeping the baby. Lynn was pregnant before they were married.

Len's sister had a child out-of-wedlock. His brother's girlfriend was pregnant at fifteen years of age.

Relational Patterns

Relational patterns that emerge include the following: secrets in the family, personality characteristics and discord between family members.

Lynn feels that there were a lot of secrets in her family of origin. Lynn was not able to talk to her mother. She feels that her mother had a lot of issues with her parents, but does not know what they were. Len and Lynn have had secrets in their family. When Len was in the hospital Lynn did not tell him for a year that she was working to support the family. Len had a hard time dealing with this because it is important to him to financially support his family.

Len describes himself as a "yes, dear" man, like his father. He also sees himself as a person who never lets people get close to him, like his mother.

There is a lot of discord between Lynn's mother and her siblings. Lynn has been fighting with her family for some time and has had no contact with them

for one year. Lynn and Len have not seen their son for one year.

Significant Losses

Lynn had a difficult time dealing with her mother's parent's deaths. She was heavily medicated at the time and does not remember much. Lynn states that she had no unresolved issues with her grandparents. Lynn was in labour with her daughter when she found out about the boating accident in which seven member's of her father's family died. She was very close to two of the uncles who died and describes having a nervous breakdown shortly after their deaths.

Support

Lynn has a couple of close friends and finds her church supportive. Len "shuts off" and holds things in. He states that he supports himself.

Lynn and Len feel that they have wasted a lot of good money on counselling, although they feel that they are having a good counselling experience now. They found Aadac (Alcohol and Drug abuse center) very helpful and their daughter is still attending an adolescent Aadac group. They have found child welfare very difficult and have had to fight them from the very

beginning. Lynn and Len feel that child welfare is "more interested in paper than people".

When Len was in the hospital they were on social assistance and state that they had a very poor experience with income security.

Few people know that they are involved with child welfare. People who do know are compassionate. Len states that he is not concerned with what others think.

Conclusion

Lynn and Len's marriage started under difficult circumstances. Lynn was pregnant and states that she married Len to get away from her family. Len was hospitalized for three years after a motorcycle accident. Lynn was left to support and care for the family during this time. Lynn and Len state that they are just "living together" right now and are just beginning to work on their relationship. They feel that it is important to put their relationship together in order to put the family back together. They describe the strengths in the family as being the amount of love in the family and the amount of commitment towards each other. Lynn and Len state that Lynn keeps the family communicating and together. Lynn and Len are starting to count on one another again.

Family Nine (Tammy and Dale)

Tammy and Dale have been married for four years. Tammy is thirty-one and Dale is forty-three. Tammy is working part-time and Dale is working full-time. Tammy and Dale have two children ages one and three. Dale's sixteen year old daughter (Theresa) from a previous marriage is also living with them. Dale's ex-wife was on the verge of a "nervous breakdown" and could no longer handle Theresa. In the first year of Dale and Tammy's marriage they bought a house, Tammy became pregnant, Dale was laid off and Theresa came to live with them. Theresa started hanging around with a "bad crowd" and Tammy and Dale felt that she had no respect for anything or anybody. She was interested in boys whom Dale describes as "losers". She started staying out late drinking and doing drugs. Theresa drank so much on one occasion that she had to have her stomach pumped. She has had some involvement with Alcohol and Drug Abuse Center (Aadac). Dale contacted child welfare as he was on the verge of "getting physical" with Theresa. Theresa was out of the home for about eight months and during that time she was in three fosterhomes. Theresa became pregnant while she was living in a foster home and has recently returned home.

Dale and Tammy state that Theresa's behavior has drastically changed and that she is no longer acting out. She is going to school, she is pleasant to be with and is trying to fit into the family. Theresa is thinking about keeping the baby.

Crises

Crises this family has faced include teenage rebellion, drinking and drug abuse, foster care, teenage pregnancy, unstable relationships and mental illness.

Multigenerational Crises

Multigenerational crises Dale and Tammy's families have faced include alcohol and drug abuse, pre-marital pregnancy, emotional difficulties and unstable relationships.

Theresa has been involved with alcohol and drugs. Her maternal grandfather was an alcoholic and died of cirrhosis of the liver.

Theresa is pregnant and considering keeping the baby. Dale married his first wife because she was pregnant with Theresa.

Dale's ex-wife was on the verge of "nervous breakdown" when Theresa moved out. Tammy describes her mother as being depressed when separated from her

husband. Her sisters is separated and her husband appears to be depressed.

A pattern of unstable relationships is apparent. Dale is divorced and Tammy's parent's have separated on several occasions.

Emotional Patterns

Tammy and Dale describe their parenting styles as being similar to their parents. Tammy states that her mother did not spend a lot of time with the kids as they were growing up. Dale describes his mother as "almost bitter". He states that life was very difficult after his father died. The family was on welfare and his mother had to raise three boys on her own. Dale felt that she looked after the kids out of duty. Dale sees Tammy's mother, himself and his ex-wife as somewhat like this. Dale's father enjoyed playing with the kids, whereas his mother could not be bothered.

Dale and Tammy describe all three of the children as having a temper like their father. However, Dale see's his daughter Theresa as having the same "you owe me" attitude as his ex-wife. He finds this attitude infuriating.

Significant Losses

Dale was fourteen when his father died of cancer. He did not know that his father was dying. It was very sudden and he remembers crying a lot. Dale did not think about the "unfairness" of his father dying until he was older. He had a fight over a camera with his father not long before his father died and feels sorry about this argument now. Dale's mother did not allow Dale to be involved in the funeral and he is angry about this now.

Support

Dale and Tammy have been each other's support. Dale does not feel that his family has been much help. They both describe Tammy's family as being more helpful.

Dale does not have much respect for counsellors. He feels that counsellors always talk about problems and forget the positives. They have had better talks at home without professionals and find that things are not resolved in sessions. They found child welfare the most helpful as they finally had relief when Theresa moved into a foster home.

Tammy found it difficult to be involved with child welfare. She felt like they were abdicating

their responsibility. She was embarrassed. Tammy is an independent person who has always handled her own problems. Dale did not find it as difficult as his family was on social assistance when he was growing up. He did, however, have a hard time admitting that he could not handle the situation. His colleagues seemed to be generally accepting. Dale's biggest negative reaction came from his brothers. He felt that they thought he had screwed up as a father.

Conclusion

Tammy and Dale feel that they have a good relationship. They agree on parenting styles and Dale has a lot of patients with they younger kids. Theresa has always been good at sharing her feelings and talking about her life. They feel that these are the strengths that they need to build on in order to deal with future crises.

Family Ten (Heather)

Heather is a single parent with a nine year-old daughter. Heather is divorced and still seeing her ex-common-law boyfriend. She is working full-time, she has grade twelve and some college. Her ex-husband has a university degree in engineering. Heather feels that her ex-husband lied and deceived her. She did not

realize that he only married her because she was pregnant until they separated. She feels that she wasted ten years with him and she still has a lot of anger toward him. Heather became involved with child welfare when she was living common-law with her boyfriend and his two children. This man was accused of abusing the children by his ex-wife. Heather states that she is not sure what the allegations were all about. The boys were removed from the home for six months. She moved out three years ago, but is still seeing this man. Heather has had a hard time dealing with her daughter. Her daughter lived in a foster home while Heather was attending a day hospital program.

Crises

Problems this family has faced include parenting difficulties, mental illness, suicide attempts, foster care, mental and verbal abuse, extramarital affairs, alcoholism, unplanned pregnancies and divorce. Several of these problems are multigenerational in nature.

Multigenerational Crises

Heather and her mother have both had emotional problems. Heather has been depressed and on antidepressants for some time. She tried to commit suicide when she was twelve just after her sister died,

by trying to set her bed on fire. Heather was so unhappy in her first marriage that she felt suicidal. Heather was raped when she was twenty-one. She never dealt with it and had totally blocked it out of her memory until last year. When she remembered the rape she went numb and attempted suicide. Heather's mother had nervous breakdowns when Heather was three and when she was eight years of age. Her mother slit her wrists when Heather was three.

A pattern of foster placement is present in Heather's family. Heather's daughter spent six months in a foster home as Heather was going through a difficult time emotionally. Heather was placed with her grandmother the first time her mother had a nervous breakdown. The second time she was placed in a foster home. No one else in the family would take her and she has still not forgiven her mother's family for not taking her in.

Physical abuse and extramarital affairs have been a common trend in Heather's family. Heather's father was physically abusive to her mother. He also had extramarital affairs. Heather's first husband was verbally abusive and her common-law husband was verbally and physically abusive. When Heather was in

the process of reconciliation with her first husband she discovered that he had a girlfriend.

Alcohol abuse appears to be prevalent in Heather's family. Heather's ex-common-law husband is an alcoholic and her mother's common-law husband was an alcoholic. She states that there is a lot of drinking in her mother's family and that it is very dysfunctional.

Relational Patterns

Heather states that she picks the same type of men as her mother. They choose men who are not there emotionally for them. Heather's mother has had two boyfriends since her common-law husband died. She states that they are both "jerks" and were mentally abusive to her mother. Heather describes her mother's family as the type of family that continually puts each other down.

Heather describes her relationship with her boyfriend (ex-common-law) as the same as her mother's relationship with her long time common-law husband. Her mother was controlling and domineering and continually kicked her common-law husband out of the house. Heather's ex-common-law husband is very controlling and when she lived with him she moved out

on a regular basis. He is sarcastic and tells her who she should be. Her ex-husband was also controlling. Heather feels that her daughter learned how to manipulate her by watching her ex-common-law husband manipulate her.

Heather reports her ex-husband was never a father to her daughter and that her boyfriend is more of a father to her. Her ex-husband has not seen their daughter for five years. Heather's father died before she was born and her mother's common-law husband was like a father to her.

Heather feels that her mother was so busy taking care of her sister, who had cystic fibrosis, and keeping the family together that she did not have anything left to give Heather. Heather felt that she was constantly pushed away by her mother. She finds her own daughter very emotionally demanding and she finds herself pushing her daughter away the same way her mother pushed her away. When Heather pushes her daughter away her daughter reacts by having a temper tantrum. Heather feels that she should not have had children. Heather's sister has two children who are driving her "batty". Heather sees that same pattern

being replayed as her sister, who can not be there emotionally for her children, pushes them away.

Heather describes her daughter as being head-strong like herself, domineering like her mother, and manipulative like her grandmother.

Significant Losses

Heather was very close to her older sister who died at fourteen of cystic fibrosis. She states that they were best friends. Heather feels that she did not talk about the death or grieve until she went into a day hospital program last year. She had twenty years of grieving built up at that time. She named her daughter after her deceased sister. She feels that she did not deal with her sister's death well. She feels that everyone close to her has died. She is now afraid to get close to anyone because she is afraid that they may die.

When Heather was in grade twelve her grandfather became ill and moved in with her family. She became very close to him during this time. She does not remember any emotions associated with his death. She feels that she has not dealt with any death well.

Heather feels that her mother does not deal will deaths well either. She states that her mother never talks about the losses she has experienced.

Heather had a very difficult time when her mother's common-law boyfriend died. She feels that their were unresolved issues between them. He died shortly after he was charged with child molestation. Heather finds the charges hard to believe and yet wonders if he abused her when she was young.

Support

Heather finds that her boyfriend is sometimes a support person, but that when she needs him the most he is not there. She states that no one is there for her and that she supports herself. She feels that counsellors listen and she finds that supportive. Heather feels like she was the scapegoat in the family, but she still finds it hard having them far away from her.

Heather rarely talks about herself to other people. She finds it very difficult to trust people because they have used things against her in the past.

She has had good and bad experiences with child welfare. She does not trust the child welfare system and is scared that they could take away her daughter.

She has had a good relationship with some of her social workers. Heather hated being involved with child welfare at first because she felt her life was an open book. She felt that she had no control or say in what would happen. She hated the first year and then realized that they were there to help. She began to open up and make her own decisions.

Heather was on partial social assistance after splitting up with her husband. She hated it and felt degraded. She recently went off assistance because she was fed up with it.

Heather states that there are people in her town house complex who do not talk to her because of her involvement with child welfare. She states that teachers at the school judge her and that people do not know how to deal with her and think that she is "crazy".

She states that reactions to her being on social assistance vary depending on the person. She gets very angry at people who abuse the system. She grew up on social assistance and can not see raising her daughter on it as she wants better for her daughter.

Conclusion

In terms of strengths in the family she feels that her family is close and she knows that her mother and sister will always be there for her. "We really love each other". She states that her daughter can be affectionate and helpful at times and that there is a close bonding between her and her daughter. She allows her daughter to show her anger and Heather is trying to yell less. Heather and her daughter are currently in counselling together. She states that they are trying to break the cycle of manipulative and controlling behavior. Heather feels that she still has a lot of personal issues she has to deal with and that she may need individual counselling as well. Heather is getting her "beliefs back" and finding out who she is.

Family Eleven (Jane)

Jane is a single parent with two children, ages nineteen and fourteen. Her nineteen year old son lives in the United States. Jane has had many different types of jobs and was laid off a year ago. She is currently on unemployment insurance which is supplemented by social assistance. Jane's daughter, Cindy, came to the attention of child welfare approximately one year ago when Cindy was making

suicidal gestures. She skipped most of grade seven and had to repeat it. Cindy has been involved with drinking and what Jane describes as a "bad crowd". She has spent a couple of months in a foster home.

Crises

Crises that this family has experienced include teenage rebellion, alcohol and drug abuse, mental illness, suicide attempts, sexual abuse, physical and mental abuse, divorce, foster care, unplanned pregnancies and arrests. Several of these crises have occurred in several generations of Jane's family.

Multigenerational Crises

Crises that are transgenerational in nature include teenage rebellion (dropping out of school), alcohol abuse, mental illness, suicide attempts, physical and mental abuse, divorce and arrests.

Jane's daughter skipped so much of grade seven that she had to repeat it. Jane was raised as a "set" with her twin sister and she rebelled against this. Jane dropped out of high school when she was sixteen. All of Jane's siblings dropped out of high school. Her mother has a grade eight education.

Jane's daughter, Cindy, has been involved with a lot of drinking. Cindy's father is an alcoholic and

drug abuser. Her maternal grandmother was an alcoholic and died of cirrhosis of the liver. Jane states the she use to escape her problems by drinking and would frequently have parties with the children present. She has not had a drink for two years. Two of Jane's sisters are alcoholics and one is currently in a rehabilitation center. Her mother and step-father are both weekend binge drinkers. She states that everyone in her family drinks a lot, except her brother.

Cindy has made suicide threats. Cindy's father has attempted suicide and he frequently threatened to commit suicide when Jane and he were married. Jane suspects that her daughter overheard these threats. Two of Jane's sisters have tried to commit suicide. Her oldest sister has been diagnosed as manic-depressive and her mother spent some time in a sanitarium.

Jane's ex-husband was physically and mentally abusive. Her step-father was physically abusive to her mother.

Jane is divorced from her husband. Both of her sisters are divorced and her mother divorced her first husband. Jane's ex-husband's sister is divorced.

Jane's ex-husband took the kids for two years after the separation. Jane had to fight through the courts to get them back. Cindy has lived in a foster home for a couple of months. Jane's son lived in a group home for a year when he was fifteen and in trouble with the law. He then moved to the States to live with his father and later moved in with his father's sister. When Jane's mother left her first husband the children were sent to live with relatives. Jane's second oldest sister stayed with an aunt and was raised as a cousin.

Jane's son was arrested and involved with the courts for break and enter. Jane has a driving while impaired charge and her ex-husband was a draft dodger.

Relational Patterns

Jane's family of origin was characterized by a lot of secrets as was the family she set up with her husband. Jane states that she still often does not know what's going on in her family of origin. Jane did not know that her cousin was her sister until she was twenty-five. Jane and her sisters were raised to believe that their step-father was in fact their father. They did not find out until their step-father told them when he was drunk. Jane states that she used

to try to keep fights with her husband a secret from her children.

Jane suspects that the reason her mother could not give her the love that she needed was because her mother probably did not receive the love she needed when she was a child.

Significant Losses

Jane was pregnant with her daughter when her stepfather died. She states that she admired her stepdad and found it very difficult when he died. Jane dealt with the death by keeping busy with her five year-old son who was acting out at the time. Jane's husband was out of town a lot at that time and was not very supportive. Jane feels that she was at peace with her stepfather when he died.

Jane does not feel that her mother dealt with her stepfather's death well. Her mother started drinking when he died.

Support

Jane's support people have been her friends rather than her family, who live quite far away. She reports that she has a lot of friends she is able to talk to. She is able to phone them when she needs to and finds them very supportive.

Jane has found child welfare very helpful. When she was on social assistance she felt that she had a "jerk for a social worker" and that they wanted to know more then was necessary.

Jane is not concerned with what other people think about her involvement with child welfare. She states that "I don't really care what others think". She now feels in control of her life.

Conclusion

Jane has completed her General Education Diploma and is trying to get into a technical institute to further her education. She feels that she is a survivor and reports that she is trying to do things differently with her children than her family did with her. She is trying to break the cycle of "secrets" by being open with her children. Jane feels that she has been making a lot of positive changes in herself. These changes, however, seem to correspond with misbehavior from her daughter. She hopes that this is a transition phase and that as she becomes healthier she will be able to more effectively deal with her daughter and that her daughters behavior will improve.

Family Twelve (Brenda)

Brenda is thirty-nine and is divorced. She has three children, ages fourteen, ten and eight. Her oldest son is from a brief relationship and his father has no contact with their son. Brenda has been involved with Phil since 1985, and they are currently living common-law. Brenda states that they are just friends. Brenda has recently had an operation and is applying for social assistance while waiting for unemployment insurance. Brenda has an accounting diploma. She worked her way through school and is the only one in the family with a college education. Phil and her ex-husband did not finish high school. Brenda's oldest son, Ray, reported Brenda and Phil to child welfare with charges of child abuse. Phil had to move out at this time, but has since moved back and is now facing charges of physical abuse. Ray lived with Brenda's brother for about five weeks, but is now living with Brenda's mother. Her daughter is living with her ex-husband and his wife. Brenda's ten year-old son lives with Brenda and Phil.

Crises

Problems that Brenda and her family members have encountered include physical and mental abuse, foster

care, mental illness, suicide, rebelliousness (lying, stealing), divorce, sexual abuse, out-of-wedlock pregnancy and alcoholism.

Multigenerational Crises

Problems that seem to have occurred through the generations include physical and mental abuse, mental illness, rebelliousness, divorce and alcoholism.

A pattern of physical abuse is present n Brenda's family. Brenda's son, Ray, lodged complaints against her and Phil for physical abuse. Ray spent three months in a foster home when he was six because Brenda's ex-husband hit him. Ray has been living with Brenda's relatives since complaints of child abuse one year ago. Brenda feels that her mother is treating her son Ray the same way she treated her when she was growing up. Brenda reports that her parents physically and emotionally abused her. Brenda admits that she did hit Ray once. Phil describes his father as very strict.

Members of three generations of Brenda's family have had emotional problems. Brenda describes Ray as being depressed. She states that she has been depressed since she had an operation a couple of months ago. Brenda's mother had a "nervous breakdown" and

attempted suicide when Brenda was thirteen, shortly after her mother separated from her father. Brenda would take her mother's tranquilizers to school to prevent her mother from killing herself.

Brenda states that Ray is rebellious, lies and steals. She states that she stole things when she was his age.

Divorce has been common in Brenda's family. Brenda reports that Ray was conceived from a man she had a brief relationship with. Her second son was born before she was married to his father because his divorce had not been finalized. Her ex-husband is remarried to a women who is divorced. Brenda describes her ex-husband as a dictator who demanded that she choose between working and him. She chose to work. She states that she wanted to be treated as a person and that she did not feel that he treated her that way. Brenda's parents are divorced. Phil is divorced and has two children who live with his ex-wife who is remarried. Phil is one of seven children who have four different fathers.

Substance abuse has been a problem in Phil and Brenda's families. Phil is an alcoholic, but is not drinking. His family has a long history of alcohol

abuse. Brenda's father is an alcoholic and two of her father's brother's are alcoholics.

Relational Patterns

Brenda and Phil's families are characterized by sibling rivalry. Brenda resented her brothers when she was growing up as she felt that they were treated differently from her. This has led to some strained relations between them. Brenda's father and one of her uncles do not get along. Her mother does not talk to one of her brothers. Phil has little contact with his family.

Brenda and her son have both been isolated from their peers at times. Brenda states that Ray has trouble getting along with his peers. He tries to force his friendship on other children. Brenda reports that she was very isolated after her parents split up, and also had few friends. She built a wall around herself which she did not bring down until the birth of Ray.

Significant Losses

Brenda was very close to her father's mother and was very upset when she died. She was upset with her father because he did not tell her how ill she was. Brenda was hysterical when her grandmother died. She

wishes that she could have told her grandmother that she loved her. Brenda feels that her father did not care that his parents died. Her father did not got to his mother's funeral. She suspects that their was a lot of unresolved issues between them. Brenda feels that her father loved his parents but that he did not like them. Her father's brother did not want anything to do with his parents.

Support

Phil and a female friend are Brenda's support system. She states that they provide a shoulder to cry on. Brenda does not feel that her family is supportive.

Brenda has found child welfare helpful. She states that she has had good and bad social workers and counsellors. Brenda was on social assistance when she separated from her husband. Brenda hated being on social assistance as she likes to be independent.

Brenda does not let people know that she is involved with child welfare. She has not thought about how people view her. Her boss was concerned about how her family problems would influence her work.

Conclusion

Brenda continues to have difficulties dealing with her mother and siblings. She feels that she is more capable of taking care of her son than her mother and finds it difficult to have her mother take care of him. Phil, however, will have to go to court before her son will be able to return home.

Family Thirteen (Flo and Jim)

Jim and Flo have been married for twenty-two years. Jim is forty-five and Flo is forty-four. They have two sons, ages fifteen and thirteen. They both work full-time. Jim went to child welfare because he could no longer handle his youngest son John. John has been acting out since he was twelve and his parents could no longer control him. He had been running away from home, breaking the law and was involved with drugs and alcohol. John is currently in a boarding school and comes home for weekends. Flo and Jim report that their older son, Ken, was actually more difficult when he was twelve years of age, but they did not contact child welfare at that time. They feel that he set a bad example for his younger brother. Flo and Jim report that they were too lenient with their older son and are now more strict with John. Ken, their older

son, has been in trouble with the law for a hit and run, stealing cars and has spent a night in jail.

Crises

Crises that this family have faced include teenage rebellion, fighting, arrests, alcohol and drug abuse, unstable relationships and suicide. Some of these crises are transgenerational in nature.

Multigenerational Crises

Rebelliousness, substance abuse and unstable relationship have been problems in several generations of Flo and Jim's family.

Both of Flo and Jim's children have been rebellious. They have run away, skipped school, gotten into fights and been in trouble with the law. Jim describes himself as rebellious when he was growing up. He fought not to do his school work, stayed out late and got into trouble with the law. Jim and his father used to engage in physical fights similar to the fights that Jim and his sons now get into. Social services investigated after one fight with John in which John was hurt.

Flo and Jim's youngest son John has been involved with drugs and alcohol. Jim reports that his father was an alcoholic, as were three of his father's

brothers. Flo does not describe her father as an alcoholic, but reports that her mother used to be upset with her father when he drank. Jim's sister is married to an alcoholic and two of his mother's sisters have divorced alcoholics.

Flo's brother is divorced and her mother's sister is separated. Jim's sister is divorced. He describes his parent's as having an unstable relationship and that his parents separated many times. Two of his father's brothers and two of his mother's sisters are divorced.

Relational Patterns

Several members of Jim's family have cut off relationships with other members of the family. Jim's mother will not speak to his sister. His sister would like to be in contact with her, but her mother refuses. Jim suspects that his mother does not want to be in contact with his sister because his sister's new husband is an alcoholic. Jim does not get along well with his mother. Flo's father will not talk to one of his brothers.

Jim thinks that he has parented his sons in a similar way to the way his father parented him. He feels that one of the biggest problems he has in

dealing with his children is that he has been inconsistent. He has not followed through on rules. Jim reports that he fought his father's rules and that he had no respect for his father. Jim believes his sons have no respect for him.

Jim and Flo describe their families of origin as families that did not show affection. They have tried to be the opposite of their parents and are very affectionate with their children.

Jim and Flo describe Jim, Jim's dad, Ken and John as all having quick violent tempers.

Significant Losses

Flo found the death of her daughter very difficult and leaned on Jim. Jim encouraged her to get out of the house and carry on. Flo feels that she dealt with the death of her daughter well.

Flo found the death of her mother's mother very difficult. She had spent a lot of time with her grandmother when she was growing up. John was ten months old when she died.

Jim reports having a lot of mixed feelings when his father died. He remembers the good times he had fishing and hunting with his father, but there was no

love between them. He feels that he does not have a lot of unresolved issues with his father.

Support

Jim and Flo have been each other's major support systems. They do not feel that their friends and family have been very supportive. They do feel, however, that their friends are understanding of their situation and do not blame them for it.

Jim and Flo were disappointed with the school counsellor. They describe the counselling at the school as very superficial. The counsellor gave advice but never really got involved. They find their current counsellor excellent. They found Alcohol and Drug Abuse Center (Aadac) helpful as well. They feel that child welfare just gets kids off the streets and that the family has to be involved for any significant changes to occur.

Jim and Flo felt uncomfortable with being involved with child welfare at first. They felt that they had lowered themselves by going to social services. They wondered what was wrong with themselves. They are, however, grateful for the help that they have received.

Conclusion

Flo and Jim state that there is a lot of affection and caring in the family. They feel that their sons are trying to change. Their sons seem to be trying to understand why Flo and Jim have raised them the way they have. Jim is trying to be more consistent and follows through with behavior consequences.

Flo and Jim report that their relationship has been put on the back burner; they seem to put all of their energy into the children and financial concerns.

Family Fourteen (Julie)

Julie is a forty-eight year old single mother with three children ages, twenty sixteen and fifteen. Julie split up from her husband in 1978. She tried to support the family by typing at home, but could not make it financially and has been on social assistance since. Julie has a diploma in business. A male friend of Julie's (platonic relationship) molested her daughter and Julie called child welfare. Julie had an inkling that something was wrong with this man and feels guilty about what happened.

Crises

Problems that this family have faced include mental illness, physical, mental and sexual abuse,

alcoholism, suicide attempts and unstable relationships. Some of the crises that this family have experienced are multigenerational in nature.

Multigenerational Crises

A pattern of mental illness is apparent in Julie's family. Julie's middle child was diagnosed as schizophrenic at eleven years of age and is on medication. Julie's ex-husband had a "breakdown" and was in a psychiatric hospital before they were married. He had threatened to kill his mother because she had taken the insurance money from the family business that burned down. His sister called the authorities and he was in the hospital for two years. He told Julie that he was diagnosed as a paranoid schizophrenic. Julie states that she is suffering from depression.

Julie's and her ex-husband's families have been characterized by violence over several generations. Julie's ex-husband was physically abusive with Julie and her oldest son. Her ex-husband's sister has a daughter who is in an abusive relationship. Julie's ex-husband's father was physically abusive with his first wife. Julie remembers being slapped by her mother. Julie's brother was verbally abusive with his

ex-wife. Julie's mother was verbally abusive with Julie and her brother.

Julie and her daughter have both been sexually assaulted. Julie's daughter was sexually abused by a male friend of Julie's. Julie was raped when she was eighteen. The perpetrator was arrested but set free. The fact that he was released made Julie feel that she had no value as a person. She states that this was unresolved for her until her daughter's assailant was arrested and put in jail.

Alcohol abuse has been a problem in Julie and her ex-husband's families. Julie's ex-husband and his father are alcoholics. Julie suspects that her brother is an alcoholic. One of her mother's sisters is an alcoholic.

Two generations of Julie's family have been involved with child welfare. Julie and her family have been involved with child welfare for several years. Julie is adopted and has recently discovered that she is the youngest of seven children. Her biological mother left Julie's siblings unattended. They were apprehended by child welfare and put in foster homes. When Julie was six months old she became ill and her mother abandoned her at the hospital.

A multigenerational pattern of suicide is apparent. Julie's ex-husband's mother frequently threatened suicide. Her ex-husband's brother's son committed suicide.

Julie and her ex-husband's families have experience several divorces. Julie is divorced. Her brother has been divorced twice. Julie's maternal grandfather disappeared and was never seen again. Julie's ex-husband's father has been married twice.

Relational Patterns

Julie is determined to have a better relationship with her daughter than she had with her mother. Julie states that she tried to live up to her parents standards but could never measure up. Her mother would call her names and they fought frequently. Julie describes her relationship with her daughter as sometimes close and sometimes distant. She reports that there has never been any fighting between them.

Julie's ex-husband's relationship with their children is similar to the relationship Julie had with her father. Julie describes a distant relationship with her father who, avoided fights between Julie and her mother. Julie's ex-husband has a distant

relationship with his children and sees them about once every eighteen months.

Sibling discord is present in two generations of Julie's family. Julie does not get along well with her brother, although they do talk. Julie's mother will not talk to one of her sisters. Her mother states that her aunt is a "dirty lazy thing" and that she drinks quite a bit.

Significant Losses

Julie's mother's death was very unexpected. She was her father's major support person because her father is a loner and has few friends. She states that she dealt with her father's feelings rather than her own. Julie found out through her brother that she and her brother were adopted. She has never told her parents that she knows that she is adopted. Julie feels that she has a lot of unresolved issues with her mother. She did not respect her mother and wonders why her mother called her a "tramp" and told her she was "no good". She does suspect that her mother was afraid that Julie would turn out to be a "tramp" like her biological mother.

Support

Julie's father has been supportive. She has also found counselling helpful.

Julie feels that child welfare has been "great". She first thought they were an agency to be feared but now feels that they are a source of assistance. Julie feels, however, that social assistance is "absolutely awful". She is unsure whether the problem is uncaring workers or the system. She describes being on welfare as "like being raped all over again". She feels that she is treated poorly by other people because she is on social assistance.

Julie does not tell many people that she is on social assistance. She feels that people try to cover up their negative reactions, but that her close friends are understanding.

Conclusion

Julie feels that her family is close and that they can talk freely. She feels that there is a lot of caring in the family and they will always be there for each other. Julie was determined not to let her children grow up the way she did and feels that she has achieved this goal to a certain extent. Julie

continues to go for counselling and work on issues from her own past.

Family Fifteen (Katty)

Katty is a thirty-two year old single mother on social assistance. She has a grade twelve education. Katty has two children, ages twelve and ten. Katty has been divorced once and has had one common-law relationship. She has had relationships with several women and recently broke up with a girlfriend she had been involved with for seven years. She has been having difficulties with her eleven year old son who has been acting out. Katty came in to contact with child welfare when her son complained of physical abuse.

Crises

Crises that Katty and her family have encountered include behavior problems (stealing, tantrums etc.), violence, mental and sexual abuse, alcoholism, out-of-wedlock pregnancies, mental illness, affairs and unstable relationships. Some of these crises are transgenerational in nature.

Multigenerational Crises

Katty, her son and her father have all acted out behaviorally. Katty's son has been stealing, breaking

things, lighting fires, having tantrums and physically attacking his mother and older sister. Katty feels that since her son's behavior has begun to improve, her daughter has begun to act out with temper tantrums. Katty reports that she engaged in behaviors similar to her son when she was a child, but not to the same degree as her son. Katty's father shoplifts and broke into her mother's house after they separated.

Violent relationships have been a common trend in Katty's family. Katty's son's father was physically abusive with Katty. One of Katty's girlfriends was physically abusive to Katty. Katty's father was physically abusive with her mother, herself and her brother. Katty's mother's sister was in a mentally and physically abusive relationship. Her mother's brother beat his wife. Katty's mother's parents had a mentally and physically abusive relationship.

Incest has occurred in Katty's and her ex-husband's family. Katty's ex-common-law had sexual relations with his mother and sister. Katty was sexually abused by her father. One of her mother's sisters was sexually abused by their uncle.

Substance abuse is prevalent in Katty's family. Katty reports that she drank a lot when she was

younger. Her common-law boyfriend, who fathered her daughter, was an alcoholic, and his sister is a drug abuser. Her ex-common-law's father drank a lot. One of Katty's girlfriends was an alcoholic. Katty's brother's wife complains that her brother drinks too much. Katty describes her father as an alcoholic and there was a lot of drinking in his family. She reports that her mother's father was an alcoholic.

Katty and her great grandmother have both had children out-of-wedlock. Katty's daughter was born out-of-wedlock. Her maternal grandmother was born out-of-wedlock and she did not know who her father was.

Katty and her mother's sisters have all struggled with emotional problems. Katty has been depressed and is currently on anti-depressants. All three of Katty's mother's sisters have been hospitalized for mental illness.

Katty and other family members have repeatedly been involved in unstable relationships. Katty has been divorced and has had several relationships that have not lasted. Her parents are divorced. Her mother's father left the family when her mother was a child.

Relational Patterns

Relational patterns include the following; power struggles between parents and children, relationships with older people and discordant relationships between family members.

Katty does not remember a lot of cuddling and she was often at odds with her mother. She reports that she was in a constant power struggle with her mother. Katty thinks that the power struggle she had with her own mother is similar to the one she is currently experiencing with her son.

Katty often seems to be involved with older people. Her common-law boyfriend was twelve years older and her ex-husband was ten years older than her. Katty's girlfriend of seven years was eight years older than her. Her brother married an older woman. Katty's father was nine years-older than her mother.

Katty's mother refused to talk to Katty's brother when he married because of the age difference between him and his wife. Her mother cut off contact with Katty because she did not approve of her common-law. Katty's mother has been unable to accept Katty's sexual orientation.

Significant Losses

When Katty's mother became ill two years ago, she did not want to go to the hospital. When her mother did eventually go to the hospital, she refused medication. Her mother was delusional and thought that the medical staff in the hospital were satanists. Katty suspects that her mom may have, at an unconscious level, wanted to die. Katty did not have a chance to say good bye to her mother when she died. She had to keep the death from her father because he had threatened to desecrate her mother's grave. Katty feels that she dealt with her mothers death very well, although she reports having a lot of unresolved issues with her. Her mother did not like the fact that she was a lesbian and they did not communicate well. They had tried to resolve some of their issues before her death.

Katty imagines that her brother must have had a lot of unresolved issues with her mother as well. Her mother did not like his wife and had severed ties with him.

Support

One of Katty's long time friends has been very helpful. Several other friends have been supportive at

different times. Katty states that she was very shy before and had difficulty building a support system.

Katty is not in close contact with her brother and father and is not sure if they know what has gone on in her family. They live out of town and she has not written to them.

Katty feels that generally her experience with helping professionals has not been very good. She states that she does, however, have a lot of faith in the process of counselling when "people do their job right". Katty reports that she has had good experiences with child welfare. Katty has been on and off social assistance since her daughter was born.

Katty does not feel stigmatized for being involved with child welfare. She has received the counselling she has needed and feels that it is important that she be on social assistance for her mental health at this time.

Conclusions

Katty has begun to look at her issues with her mother and she is able to give her mother credit for leaving her father when she found out he was sexually abusing Katty. She feels that her mother gave her

strength to stand up for her beliefs. Katty has recently begun to get to know her brother.

Katty feels that her immediate family can work and have fun together. She feels that her daughter is resourceful and that her son can be very pleasant and generous. Through counselling Katty is trying to work through the problems she is currently experiencing with her son.

Family Sixteen (Don)

Don is a thirty-eight year old man. Don's wife committed suicide four years ago. Don and his wife were separated and considering getting back together when his wife committed suicide. Don has been living common-law with Christine, who is thirty-five years old and has been separated from her husband for four years. Don's three children, ages fifteen and ten (twins), live with them. Christine has an eight-year-old daughter who lives with her father. Don and Christine have both attended technical school and are working full-time. Don started having difficulties with his fifteen year-old daughter a year ago. She was running away, would not listen to him and came and went as she pleased. Don could not control her and called child welfare.

Crises

Problems that this family have faced include sexual abuse, teenage rebellion, suicide, mental illness, alcoholism and drug abuse, arrests, unstable relationships,
out-of-wedlock pregnancies and physical abuse. Many of these crises have occurred over several generations.

Multigenerational Crisis

Don's daughter, deceased wife and her mother were all sexually abused as children. Don's daughter, Sharon, was sexually abused by her mother's boyfriend when she was living with her mother. Sharon's mother, Ann, was sexually abused as a child. Ann was sexually abused at the same age that her mother was sexually abused.

Sharon's mother use to threaten suicide and Sharon has threatened to kill herself on several occasions. Ann committed suicide when Sharon was ten years of age.

Ann and Don's families both have a pattern of mental illness. Ann was clinically depressed for many years before she committed suicide. Don describes Ann's family members as having a lot of emotional problems. Don's mother suffers from depression and his father is schizophrenic.

Alcohol abuse has been a problem in Don and Ann's families. Ann was an alcoholic. Her sister and youngest brother were alcoholics and so were two of her maternal uncles. Don's father is an alcoholic. Don's paternal grandfather was an alcoholic and his father has two brothers who are alcoholic. Sharon, Don and Ann's daughter have been involved with drinking.

A pattern of unstable relationships is apparent in Don and Ann's family. Don and Ann separated several times before their final separation. One of Ann's brothers is divorced. Don's oldest sister has been married four times. His middle sister and his brother have been married twice. Don's parent's had several separations before their divorce.

Relational Patterns

Don states that Sharon, his daughter, is stubborn like himself. He also describes her as similar to Ann in the way she thinks, her attitudes and her loud and strong communication style. Don has had difficulty communicating with his daughter since she moved home. Don states that his father occasionally phones him, but they have no relationship.

Significant Losses

Ann's mother has gone for bereavement counselling to deal with Ann's death. Don reports that Ann's mother still has Ann's belongings and her bedroom intact. Don feels that it is disturbing for the children to see this room.

Don states that the whole family feels guilty about Ann's suicide because she did it on Christmas. He suspects that she wanted it that way.

Don feels that Sharon has not forgiven her mother for committing suicide and that she does not seem to want to deal with it. He feels that his daughter has never dealt with her mother's death or the molestation by her mother's boyfriend.

The twins were very clingy after their mothers death. They were originally told that their mother died of an illness and have only recently been told that she committed suicide.

Don states that he is okay about his wife's death. He reports that he has not really thought about it, but that he is angry at her for committing suicide. Six months before she killed herself, they had been considering getting back together, but Don decided that it could not work out.

Support

Don's support system consists of his mother and stepmother. His mother is very busy but helpful. A social worker, friends and the church have also been supportive.

Don is angry with social services because he feels that they helped Ann leave him and he holds them responsible. He feels, however, that child welfare has been excellent. Don was embarrassed by his involvement with child welfare at first, but has since gotten used to the idea. He felt very uncomfortable about being involved with social services because his mother sent him to live in a convent rather than going on social assistance.

Conclusions

Don feels that his sons are doing well considering the difficulties the family has encountered. Don reports that his daughter can also be affectionate, loving and caring. They are currently trying to work family issues out through counselling. The suicide of Don's wife does not seem to be resolved, however, and Sharon is continuing to act out.

Family Seventeen (Debbie)

Debbie is a forty-four year old single mother with three children ages, fifteen, thirteen and twelve. She divorced her husband, who was physically abusive to her, three years ago. Debbie has been on social services since that time. Debbie's twelve year old son, Derrick, has been having behavior problems since he was a small child. He goes into fits where he breaks things, lights fires and is now in a special school for children with behavior problems. When Debbie could no longer handle Derrick, she called child welfare and he was put in a foster home for a year. Derrick currently lives with Debbie and his siblings.

Crises

Crises that Debbie's family have encountered include verbal, physical and sexual abuse, acting out behavior, mental illness, alcoholism and drug abuse, suicide, foster care, arrests and divorce. Some of these patterns are multigenerational in nature.

Multigenerational Crises

There appears to be transgenerational patterns of abuse, mental illness, alcoholism and foster care.

Debbie reports that her ex-husband was physically and verbally abusive with her youngest son and that he

was physically abusive with her. Debbie's sister was physically abusive with her children. Debbie feels that her father was verbally abusive with her and other members of her family. She remembers being scared of her parent's, although they were not physically abusive with her. Her maternal grandfather was physically abusive to her grandmother. Debbie's ex-husband's father was physically abusive with his wife and children.

Debbie was sexually abused by her ex-husband and suspects that her daughter and mother have been sexually abused. Debbie feels that her ex-husband may have sexually abused her daughter. Her ex-husband used to rape Debbie when she was drunk. She reports that she hates sex and men. Based on the way her mother described sex as a duty, Debbie feels that her father was sexually abusive with her mother.

Several members of Debbie's family have had emotional problems. Debbie's son Derrick is in a school for the behaviorally disturbed and has been put on medication for hyperactivity. She feels that her ex-husband is mentally disturbed. Debbie is clinically depressed and on antidepressants. She had a "nervous breakdown" four years ago and was hospitalized at that

time. Debbie's sister currently suffers from depression and her husband was in a psychiatric institution before he committed suicide. Debbie reports that her mother and one of her ex-husband's brothers is suffering from depression.

Substance abuse has been prevalent in Debbie's family. Debbie has had an alcohol problem, but has quit drinking. She describes her ex-husband as an alcoholic. She reports that his brother and father are alcoholics and that her mother had a drinking problem, but that she no longer drinks. Debbie's youngest brother had an alcohol and drug problem.

Suicide and suicidal feelings have occurred in several generations of Debbie's family. Debbie felt suicidal when her husband left her. Her sister's husband and her maternal grandfather committed suicide. Debbie feels that her youngest brother's death was a suicide.

Foster care has been common in Debbie and her ex-husband's family. Derrick spent a year in a foster home when he was nine. Her sister gave up a child who was mentally retarded for adoption. Her ex-husband was in a home for the mentally handicapped for six months when he was a child. Her ex-husband's youngest three

brother's were kicked out of their home when his father remarried. The older two were taken in by a family and the youngest became a ward of the court.

Relational Patterns

Debbie feels that there is poor communication in her current family which has been characterized by a lot of screaming and yelling. She describes her family of origin as having poor communication. Debbie states that her ex-husband seldom talked to her about personal things in the same way that her mother never talked about things.

Debbie states that she handles problems on her own and has difficulty letting people know how she is feeling. She feels that she learned from her family that feelings were not to be expressed. Debbie is now learning how to be open with her feelings.

Debbie's mother kept Debbie and her second youngest brother apart for ten years. Debbie feels that her mother tried to keep all of the children apart. Debbie's mother disowned her own older brother.

Debbie and her parent's both had difficulties with their children's growing independence. Debbie found it very difficult when her youngest child started school. She felt empty and unneeded. She did not eat or sleep

and ended up having a "nervous break down". Debbie reports that her parents did not seem to want the children to move out. There was a lot of fighting when they tried to leave home.

Significant Losses

Debbie states that her family does not talk about death. They do not talk about her brother or her father's death.

Derrick was born the same year that her brother died. Although she did not realize it at the time, Debbie feels that she was depressed and under a great deal of stress the year Derrick was born.

Debbie states that she hated her father when he died. She felt that he was verbally abusive to her. Other members of the family do not seem to remember him this way. She feels that she has dealt with some of her issues with her father, but feels that there is still more to deal with.

One of Debbie's uncles lived with them when she was young. She found him to be a kind and caring person. She felt that she received love from him.

She is still having a difficult time dealing with his death.

Support

Debbie depicts her support network as consisting of her brothers, a good friend and a counsellor. She feels that she has had good experiences with helping professionals. Debbie's mother and sister have a difficult time accepting that Debbie is in therapy.

Debbie states that she has had to learn how to deal with the welfare system. She is embarrassed to be on social assistance. She feels that she should have been smart enough not to have gotten herself in this situation. She had difficulties with child welfare when she first became involved with them and is now happy with her worker.

Conclusions

Debbie feels that there was a lot of love between her and her brothers. She has started volunteer work and is building plans for the future. Debbie is trying to change the pattern of poor communication in her family. She is learning to talk to her children rather than yell at them.

The seventeen family narratives are summarized in the next chapter. The results of the PAFS-Q are also presented in the next chapter.

Chapter VI

SUMMARY OF NARRATIVES AND RESULTS OF PAFS-Q

Summary of Narratives

The results of the interviews conducted support multigenerational theory (Bowen, 1978; Boszormenyi-Nagy & Ulrich, 1981; Framo, 1981; Kagan & Schlossberg, 1989; Paul & Paul, 1975; Williamson, 1982; Bowlby, 1980; Bandura, 1973) which argues that problems in families often repeat themselves through the generations.

Mothers in this study who grew up in homes characterized by violence (to themselves or between their parents) tended to become involved in a physically abusive relationship. The relationship between being abused as a child and being involved in an abusive marriage is contrary to the "role specific nature of aggression (Kalmuss, 1984) which suggests that abused children would become abusers of their own children rather then becoming involved in marital violence. The high number of women from abusive homes who marry an abusive person is, however, consistent with Carlson (1984) who argues that girls from violent homes are more likely to suffer the effects of childhood abuse during adulthood in their own families.

Interviewees who were born out-of-wedlock often had siblings, parents and their own children born out-of-wedlock. In Katty's case, the generational trend of out-of-wedlock pregnancies appeared to skip a generation. Katty's grandmother was born out-of-wedlock as was Katty's first child.

Of those interviewed who were suffering from a mental illness, such as depression or who had suffered a nervous breakdown, their tendancy was to describe their parents as having emotional problems. Several of these people also had children struggling with similar mental illnesses.

Those interviewed who had alcoholic parents often had alcohol and/or drug problems themselves or married someone with an alcohol and/or drug problem. The teenage children of these people frequently became involved with alcohol and/or drugs. The relationship between present and past generations in terms of alcoholism is consistent with Midanik (1983) who found a strong link between the drinking problems of past and present generations.

Parents who skipped school and rebelled against their parents were often struggling with similar behavior problems in their children. Children who had

been in trouble with the law tended to have parents with criminal records.

People who had come from families of divorce tended to be divorced or have a series of relationships. Don's parent's, for example, had many separations and Don ended up in a marriage in which he and his wife had heated arguments and separated frequently. The high number of those from divorced or unstable families who were divorced themselves is consistent with the research that has found that people from families of divorce have higher rates of divorce than people from intact homes (Greenberg & Nay, 1982; Pope and Mueller, 1976).

Children of parents interviewed in this study who had made suicidal threats frequently had a parent who threatened suicide or who had committed suicide. The research pointing to children who made suicidal threats frequently having suicidal parents is consistent with Roy's (1983) finding that a family history of suicide increases the risk of a suicide attempt.

Children in the study who had spent time in foster care often had a parent who had spent time in foster care. For example, Jan spent time in a foster home when she was fifteen. Both of Jan's daughter's have

been in foster care at one time. Thompson and Fuhr (in press) found that children who have been in foster care have higher rates of emotional disturbance than the general population. As these children with emotional problems become parents they may have difficulties functioning as parents and, thus, increase the likelihood of their children needing to be put in foster care. The emotional disturbance of parents as a causal factor in children being put in foster care is supported by Wolkind and Rutter's (1973) study. Wolkind and Rutter (1973) found that at least half of the children they studied who were in foster care were there because of family difficulties or mental disorder of their mother.

Half of the single mothers on social assistance had mothers who were also on social assistance. Six of the seventeen families were on social assistance suggesting that the stress of economic difficulties may contribute to the difficulties that bring families to the attention of child welfare.

Interviewees often described themselves or their children as having similar characteristics to someone else in the family. Heather, for example, describes her daughter as being head strong like herself,

domineering like her mother and manipulative like her grandmother.

Communication styles in the families interviewed were often described as being very similar to the communication patterns of their family of origin. For example, Debbie described her family of origin as being characterized by yelling, screaming and as a place were feelings where not expressed. Debbie is struggling with changing this pattern in her own family.

Relationship patterns where also found. People who were not in contact with family members often had parent's who were not in contact with siblings. For instance, Jan did not have a relationship with her father and her children are not in contact with their fathers. Jan's father had many affairs when her parents were together. The father of Jan's oldest children left Jan for another woman.

A relationship was found between child welfare families and unresolved losses. Many of those interviewed described difficulties coping with the deaths of different members of their family. These difficulties took various forms including unresolved issues between interviewees and deceased parents. Mary feels that she has not resolved her father's suicide

and is angry that he was not there for her when she was growing up. Others described coping with deaths by keeping busy or being so preoccupied with supporting others that they never had a chance to grieve. Guilt also seemed to be a common theme. Don, for example, continues to feel guilty over his wife's suicide.

Four out of twenty of the identified "problem" children were born within the same year that their mothers reported experiencing a significant loss of a loved one. The relationship between difficulties with children and the loss of a loved one provides some support for Kagan and Schlossberg (1989) who state that for families in perpetual crisis the grief process is blocked and problems are, therefore, continued. The high number of identified "problem" children whose mother's described loosing a loved one in the same year of their birth also supports Walsh's (1978) hypotheses. Walsh (1978) suggests two hypotheses 1) that bereaved parent's may not be emotionally available to their children and 2) that the attention parents give to their child may block mourning with the child becoming a replacement for the lost person.

The families interviewed tended to have weak or non-existent support systems. The lack of support

systems found in these families seemed to add to their stress. Kagan and Schlossberg (1989) and Bowen (1980) point to the importance of support systems to alleviate stress. Several of those interviewed stated that they had to rely on themselves for support. Couples often stated that the stress they were experiencing had caused difficulties in their marriages and that they could not support each other. Several stated that their families were of little or no support. The majority of the families interviewed found child welfare supportive while only a few described bad experiences. All of those interviewed had felt unsupported by their social assistance workers. They reported feeling degraded and having uncaring workers. Other supports described were friends, counselling and the church.

PAFS-Q

Since the subscales being measured were from the same questionnaire, and there was a high probability that the subscales would be related, it was necessary to use a multivariate statistic to take into consideration any correlation. The Hotelling T^2, a multivariate statistic, was used to determine if there was a significant difference between the scores of the

child welfare sample and a non-clinical population. The non-clinical scores used were obtained in a study conducted by Bray, Williamson and Malone (1984). A significant difference of $F = 9.36$, $p<.0003$ was found. The significant difference found between the two populations on the Hotelling T^2 allows one to put more confidence in the univariate T-tests conducted. T-tests were used to compare the scores of the child welfare sample to the non-clinical sample on the seven subscales. Significant differences were found on five of the eight PAFS-Q subscales. Results of the T-tests are presented in Table 1.

On the Spousal Intimacy (SPINT) scale, parents of families involved with child welfare scored significantly lower ($M = 36.95$, $SD = 12.33$) than the normative sample ($M = 45.15$, $SD = 8.18$), $t(544) = 4.42$, $p<.05$. The lower score received by the child welfare parents indicates that they have less intimacy with their significant others than the normative sample. On the Nuclear Family Triangulation scale (NFTRI) the child welfare sample mean was 34.09 and the standard deviation 4.47. The normative sample mean on the NFTRI was 38.16 and the standard deviation was 5.45 with a significant difference of $t(331) = 3.34$, $p<.05$. The

difference between the means on the NFTRI scale indicates that there is more triangulation between child welfare parents and their children as compared to the non-clinical sample. On the Intergenerational Intimacy (ININT) scale parents of child welfare families scored significantly lower (M = 70.38, SD = 21.32) than the normative sample (M = 93.65, SD = 17.30), $t(544) = 5.98$, $p<.05$. The lower scores indicate that parents of families involved with child welfare have less satisfaction and intimacy with their parents. A significant difference was found between the two samples on the Intergenerational Fusion/ Individuation (INFUS) scale, $t(544) = 2.24$, $p<.05$. The child welfare sample had a mean of 26.38 (SD = 6.44) and the normative sample had a mean of 29.53 (SD = 5,25) which indicates that child welfare parents operate in a more fused manner with their parents than the normative sample. On the Personal Authority (PerAut) scale the child welfare sample had a mean of 37.81 (SD = 12.45) and the normative sample had a mean of 42.13 (SD = 8.03. There was a significant difference $t(383) = 2.31$, $p<.05$ with child welfare parents having less personal authority in the system.

A non-significant difference was found between the samples on the Spousal Fusion/Individuation (SPFUS) scale $t(544) = .40$, $p<.05$. The mean for the child welfare sample was 63.85 and the standard deviation 7.83. The normative sample had a mean of 64.64 and a standard deviation of 8.39. On the Intergenerational Triangulation (INTRI) scale child welfare parents ($M = 28.04$, $SD = 8.25$) scores were not significantly different from the normative sample ($M = 27.05$, $SD = 11.70$), $t(544) = 0.14$, $p<.05$. There was no significant difference found between the two samples on the Intergenerational Intimidation (INTIM) scale $t(544) = 1.81$, $p<.05$. The mean for the child welfare sample was 108.52 ($SD = 16.30$) and 98.55 ($SD = 24.87$) for the normative sample.

Table 1

Comparison between child welfare families and non-clinical sample on PAFS-Q

	Child Welfare Families		Non-Clinical Group		Significance
	Mean	S.D.	Mean	S.D.	
PAFS-Q					
SPFUS	36.95	12.33	45.15	8.18	0.40
INFUS	63.85	7.83	64.64	8.39	2.24*
SPINT	34.09	4.47	38.16	5.45	4.42*
ININT	70.38	21.32	93.65	17.30	5.98*
NFTRI	26.38	6.44	29.53	5.25	3.34*
INTRI	28.04	8.25	27.05	11.70	0.14
INTIM	108.52	16.30	98.55	24.87	1.81
PerAut	37.81	12.45	42.13	8.03	2.31*

* $p<.05$

The result of the findings, implications, delimitations and suggestions are discussed in the next chapter.

Chapter VII

DISCUSSION

Conclusions and Implications

Questions One through Three

The purpose of this study was to explore multigenerational family patterns of families involved with child welfare and to study family processes relevant to multigenerational theory. The assumption that child welfare families tend to experience a multitude of problems was supported by the families interviewed who have dealt with many crises. These crises include physical, mental and sexual abuse, unplanned pregnancies, mental illness, drug and alcohol abuse, teenage rebellion (skipping school, running away, etc.), divorce, arrests, suicide, fostercare and poverty. The type and number of problems reported by the child welfare families interviewed were similar to the problems experienced by families in perpetual crisis as described by Kagan and Schlossberg's (1989).

The problems within these families were often experienced over several generations. The tranasgenerational nature of these problems is consistent with multigenerational theory which discusses the transgenerational nature of family

patterns (Bandura, 1973; Boszormenyi-Nagy & Ulrich, 1981; Bowen, 1978; Bowlby, 1980; Framo, 1981; Kagan and Schlossberg, 1989; Paul & Paul, 1975; Williamson, 1982) and the research conducted on the transgenerational nature of specific behavioral symptoms discussed in chapter three.

The finding that child welfare families interviewed tended to have difficulties in dealing with the deaths of significant others supports Kagan and Schlossberg's (1989) description of the significance of unresolved losses in families in perpetual crises.

The lack of support systems found in these families is consistent with Kagan and Schlossberg (1989) and Bowen (1980) who discuss the importance of support systems to alleviate stress.

Hermans and Gilst (1991) argue that their are always emotional reasons for focusing on different aspects of one's life and neglecting other parts when discussing past events. The selective nature of memories discussed by Hermans and Gilst (1991) indicates that a perceptual component to the memories of those interviewed may be important; suggesting that since the child welfare families interviewed appeared to be crisis orientated families they may have been

prone to remembering past difficulties. The tendency of people in crisis to remember past crises may be a factor in the results of this study. The child welfare families interviewed may be more likely to highlight difficulties compared to non-child welfare families who may tend to minimize difficulties. Emotional reasons for remembering certain events can not be factored out in the current study. For those working with child welfare families, however, the effect past difficulties may have on current family functioning is of importance. As indicated by Kagan and Schlossberg (1989) dealing with unresolved crises is a vital part of working with families in perpetual crisis.

Implications for Therapy

According to Kagan and Schlossberg (1989) it is very important for the practitioner who is working with these families to be aware of the multigenerational nature of problems that occur in multiproblem families. The painful feelings and conflictual relationships need to be addressed and dealt with for the cycle of crises to end (Kagan & Schlossberg, 1989). The results of the present study highlight the cyclical nature of problems in child welfare families and contributes to the understanding of this particular population.

Viewing child welfare families as families in perpetual crisis implies working with these families from a particular orientation as discussed by Kagan and Schlossberg (1989). Kagan and Schlossberg (1989) propose several "working hypotheses" that enable therapists to work more effectively with these families. These "working hypotheses" include viewing resistance of the family to change as reflecting unresolved issues with extended family members, conceptualizing the level of resistance as depicting the amount of pain in the family and viewing unresolved issues and losses as a major dynamic. Kagan and Schlossberg (1989) state that families need "to be helped to understand what has happened to them, to grieve, and to let go of the trauma" (p. 70). It is important, therefore, for counsellors, social workers and teachers working with these families to help the family through the grieving process rather than to focus on the particular problem.

Based on Kagan and Schlossberg's (1989) and Bowen's (1980) writings and the lack of support systems found in the families studied it can be surmised that with the support of outside agencies child welfare families may be able to decrease the number of crises

they experience. The findings also suggest that focusing on a families resources may also be important.

Questions Four through Seven

Several questions which were based on the work of Bowen (1978) and Williamson (1982) were outlined in Chapter Three. These questions were addressed through the results of a comparison between the child welfare parents scores on the PAFS-Q to a non-clinical sample. The underlying concept of the PAFS-Q is differentiation (Bowen, 1978). The differences found between child welfare parents and the normative sample on five of the eight subscales do suggest that child welfare families have lower levels of differentiation.

Specifically child welfare parents were found to be less satisfied with the degree of intimacy in their relationships with partners and with their parents, were more triangulated with their children, operated in a more fused manner with their parents and had lower personal authority scores than the normative sample. The lower personal authority scores suggest that child welfare parents are less able to order, direct and express their thoughts and opinions, to make and respect their own judgments, to take responsibility for

their life and to accept or reject intimacy than the non-clinical sample.

A non significant difference was found between the samples on the Spousal Fusion/Individuation (SPFUS) scale suggesting that child welfare parents are not operating in a more fused manner with their spouses than a non-clinical sample. One possible factor contributing to the "no difference" finding is the higher number of single parents who participated in this study in comparison with the married couples. Single parents were asked to answer these questions in a hypothetical format which may have resulted in respondents answering the questions more in a "wishful" than "realistic way".

On the Intergenerational Triangulation (INTRI) and the intergenerational intimidation (INTIN) scales child welfare parents scores were not significantly different from the normative sample. The no difference finding on the (INTRI) and the (INIIN) scales indicate that child welfare parents are as triangulated and intimidated by their parents as the non-clinical sample.

Implications for Therapy

Kerr and Bowen (1988) discuss the evaluation and treatment process developed on the basis of Bowen's theory (Kerr and Bowen, 1988). Kerr and Bowen (1988) state that therapy is guided by the assumption that a relationship between individuality and togetherness (differentiation) is the basic component of the family process and that working with the family of origin is the most efficient means for increasing basic levels of differentiation (Kerr and Bowen, 1988). Kerr and Bowen (1988) argue that increasing one's ability to differentiate from the family of origin allows a person to operate in a more individuated manner in other relationships.

Bray, Williamson and Mallone (1984) developed an intergenerational consultation process which is designed to increase personal authority in the family system. Through this process individuals are invited to bring in their parents and begin to work through unresolved issues.

Delimitations which restrict the generalizations that can be made from this study are discussed in the next section.

Delimitations

Due to the parameters of the study, which include a non-random and relatively small sample and limited interviews, any generalizations that can be made from this study are fairly restricted. Only limited information on the losses family members experienced was obtained because of time constraints. Some information was simply not available. For example, single parents were often limited in their knowledge of their children's father's family history. Due to the self-report nature of the interview and questionnaire, there is the risk that subjects did not report their true feelings.

The experience of the researcher and the results of the study allude to areas which may be appropriate for further research.

Suggestions for Further Research

Suggestions for further research include focusing more specifically on the nature of the losses and how families have dealt with them. Another suggestion would to be to conduct more extensive interviews which would uncover more relationship patterns. Similarities in personalities and histories were often disclosed to the researcher without questioning. It is suspected

that more in depth questioning of relationships would have revealed more multigenerational patterns. A larger and less restricted sample of child welfare families would allow for more extensive generalizations and provide additional support for the findings. Samples from different populations may be studied and compared which would contribute to the understanding of the differences between populations.

Conclusion

Although, there has been a great deal of theorizing about transgenerational family therapy and the multigenerational nature of specific behavioral symptoms, there has been a definite lack of research investigating multigenerational theories and the cyclical nature of symptoms in multiproblem families. This study contributes to the understanding of multigenerational theory and the significance a family's history may have in contributing to the crisis which brings a family to the attention of child welfare.

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APPENDIX A

INTERVIEW FORMAT

GENOGRAM GUIDE

We will be constructing a genogram which is like a family tree. It allows us to see how behaviors of our parents, our selves and our children are similar and different. Seeing patterns allows us to change the behaviors that do not seem to work, and to see how relationships can be improved and where family strengths can be emphasized.

It is important that the genogram be as detailed and inclusive as possible, and should include both negative and positive information.

The family Tree. We begin with the "nuclear family" which consists of your self, spouse and children.

1. Name and birth date of each member of nuclear family and a little bit about each member.
2. Names and birth dates of your parents, brothers and sisters, grandparents and their children.
3. What has been happening recently in the family and what exactly is the problem?
4. Which family members know about the problem?
5. Has anyone in the family ever had similar problems?

Disease Histories.

6. How is yours and other members of your families health?

7. Does anyone have any diseases such as diabetes, heart disorders, stress reactions or emotional disorders.

8. Have there been any deaths, suicides or serious accidents?

9. How did family members deal with the deaths?

10. Do you think they dealt with it well?

11. Were problems between family members resolved before the death?

12. Has any one in your family had a problem with alcohol or drugs?

13. How severe was this problem?

Emotional Patterns.

14. Does anyone suffer from depression, phobias, severe temper tantrums or any type of mental illness?

15. "What are the first five words you can think of which best describe your (grandparents, mother, father, spouse?"

16. "What kind of relationship did your Mom and Dad have?

Looking at the Family System.

17. Are there any divorces?

18. How long have marriages lasted?

19. Have there been any teenage or out-of-wedlock pregnancies? Did this lead to dropping out of school?

20. Are their any family members who do not get along with each other or that you've lost contact with?

21. Have arguments or fights escalated into physical violence? Is this common?

22. What other kinds of problems has your family experienced? How did you handle them?

23. Any sexual abuse?

24. Trouble with the law?

25. Foster placements?

26. How have life cycle changes (children going to school, teenage years, children leaving home) been dealt with in the past?

27. What is the highest level of schooling that you and other members of your family have achieved?

Experience with Child Welfare and Being on Social Assistance.

28. Who have been your support people? Who do you call when there's a problem or you need some help?

29. How helpful are they?

30. What kind of experiences has your family had with helping professionals and agencies?

31. How do you feel about being involved with Child Welfare? Social Assistance?

32. How do you feel others see you because of this involvement? Do you feel that others blame you for your present situation?

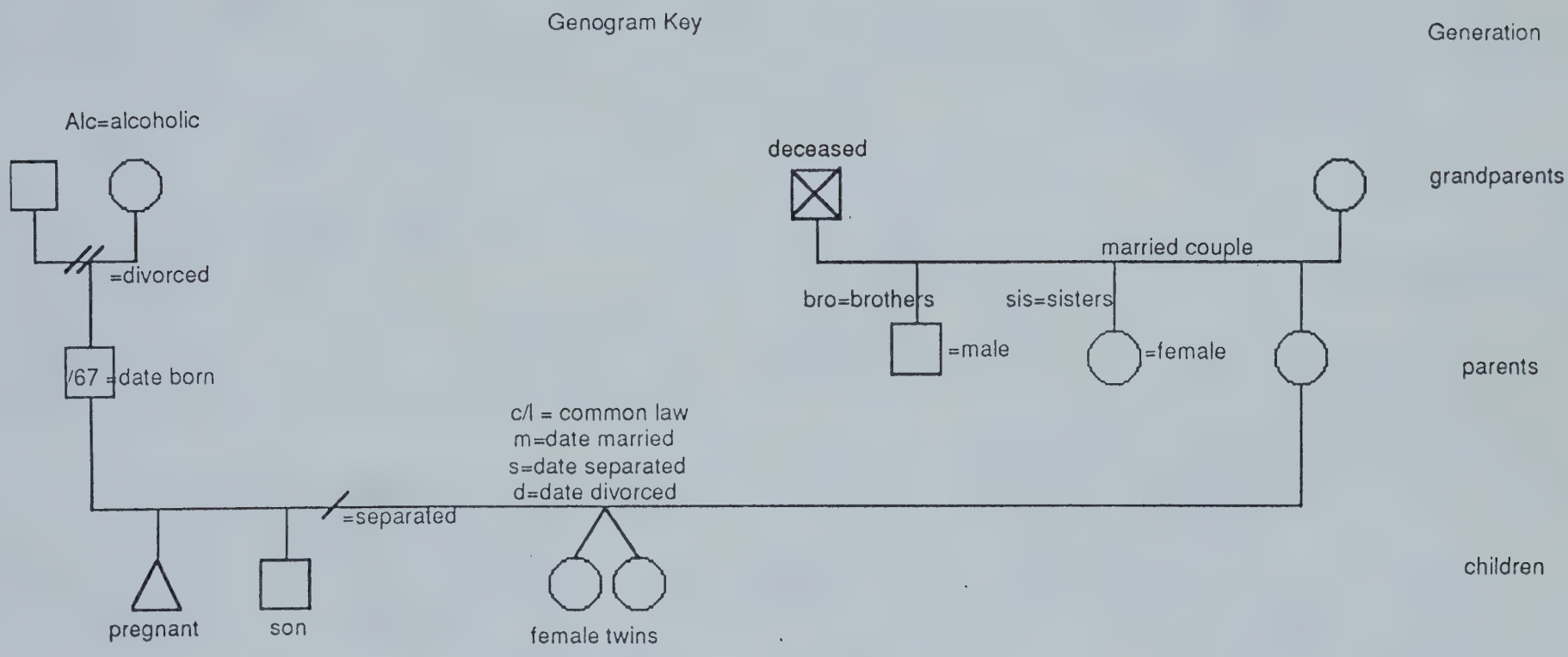
We have focused on the problems. What are the strengths of this family?

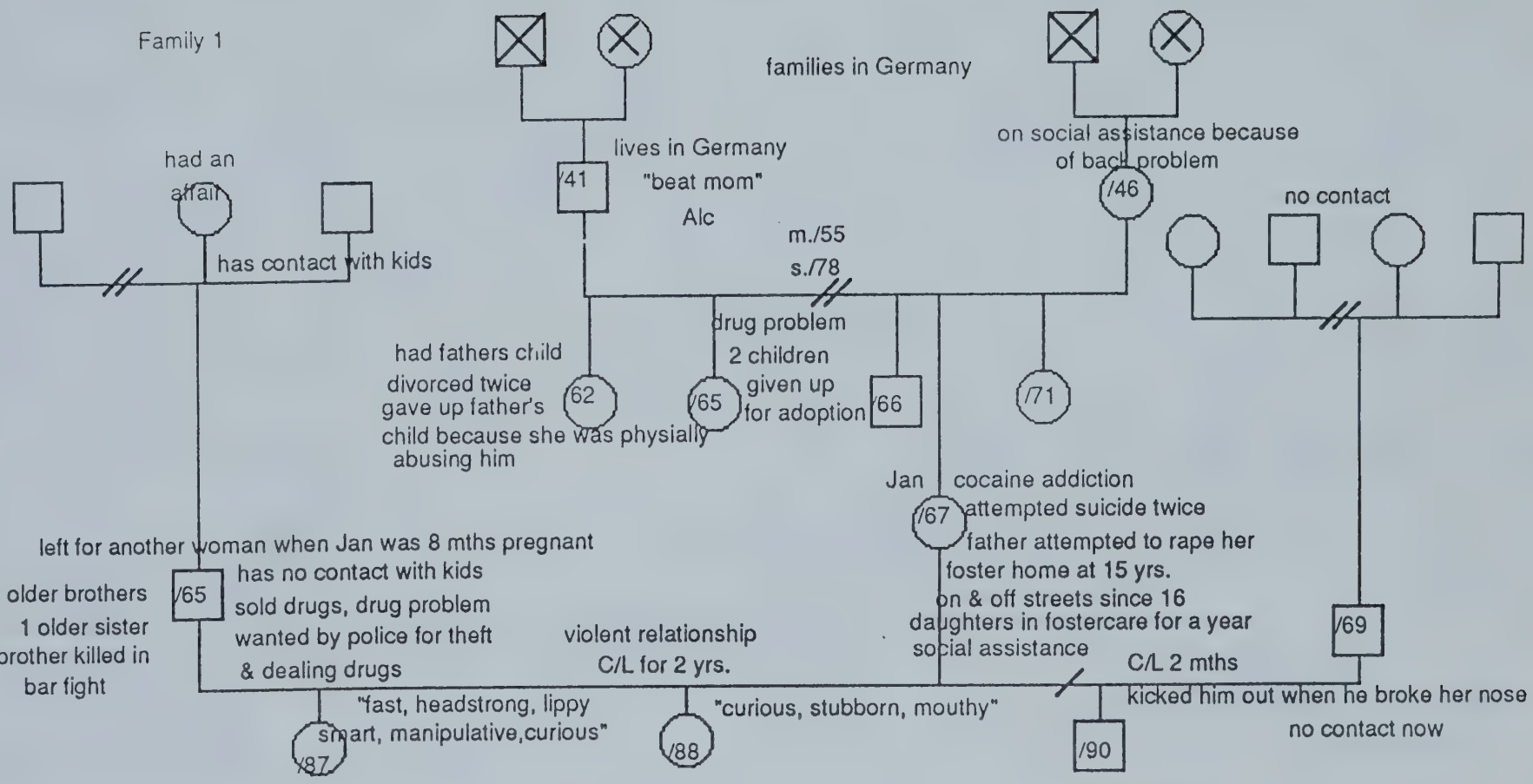
APPENDIX B

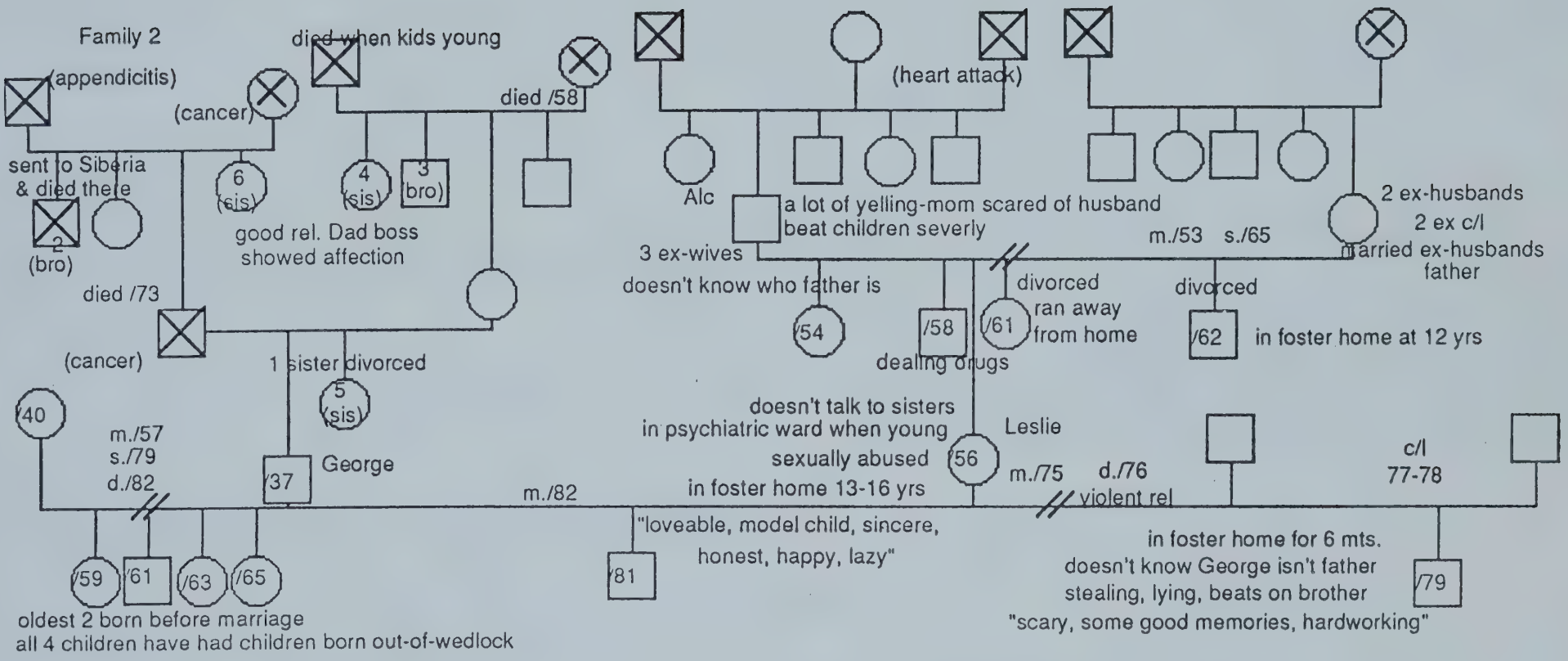
GENOGRAM KEY

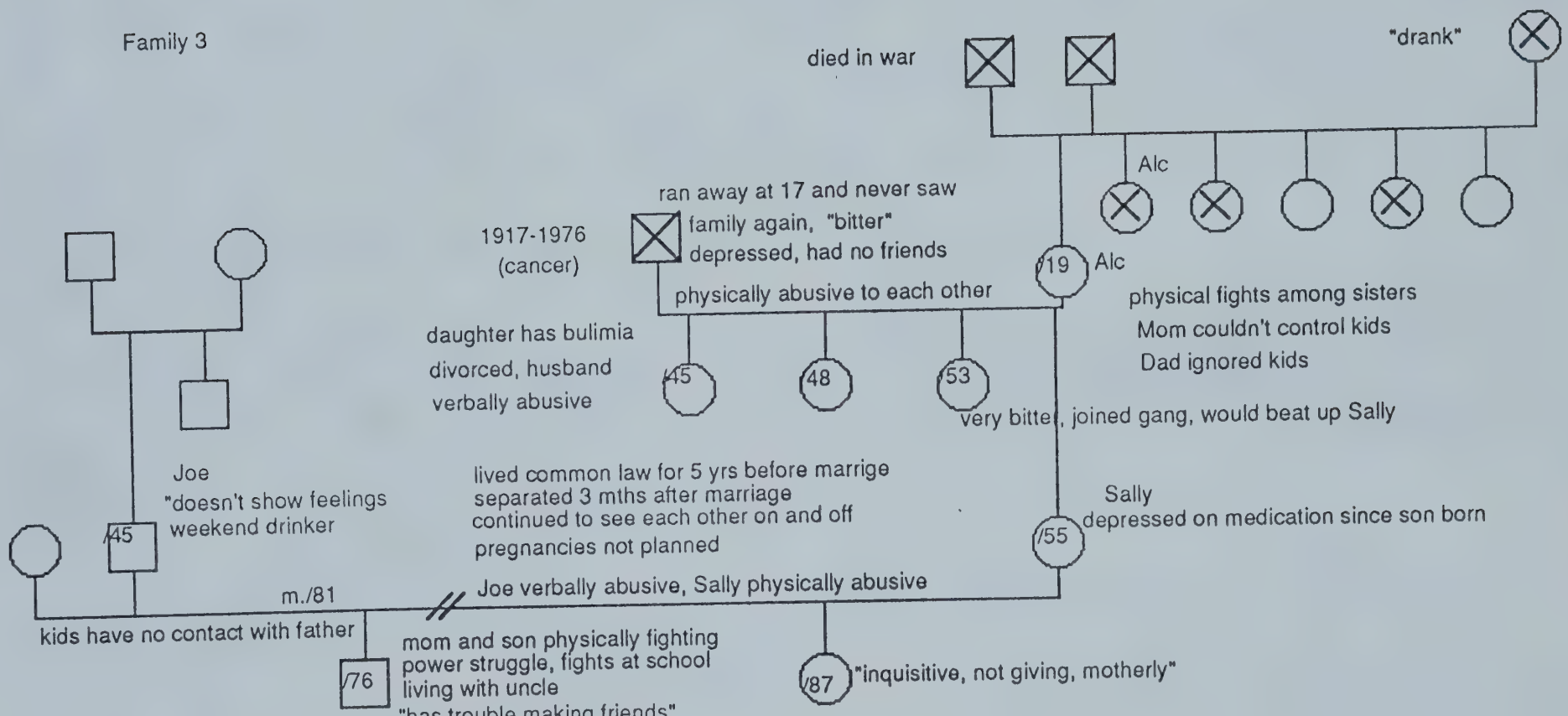
AND

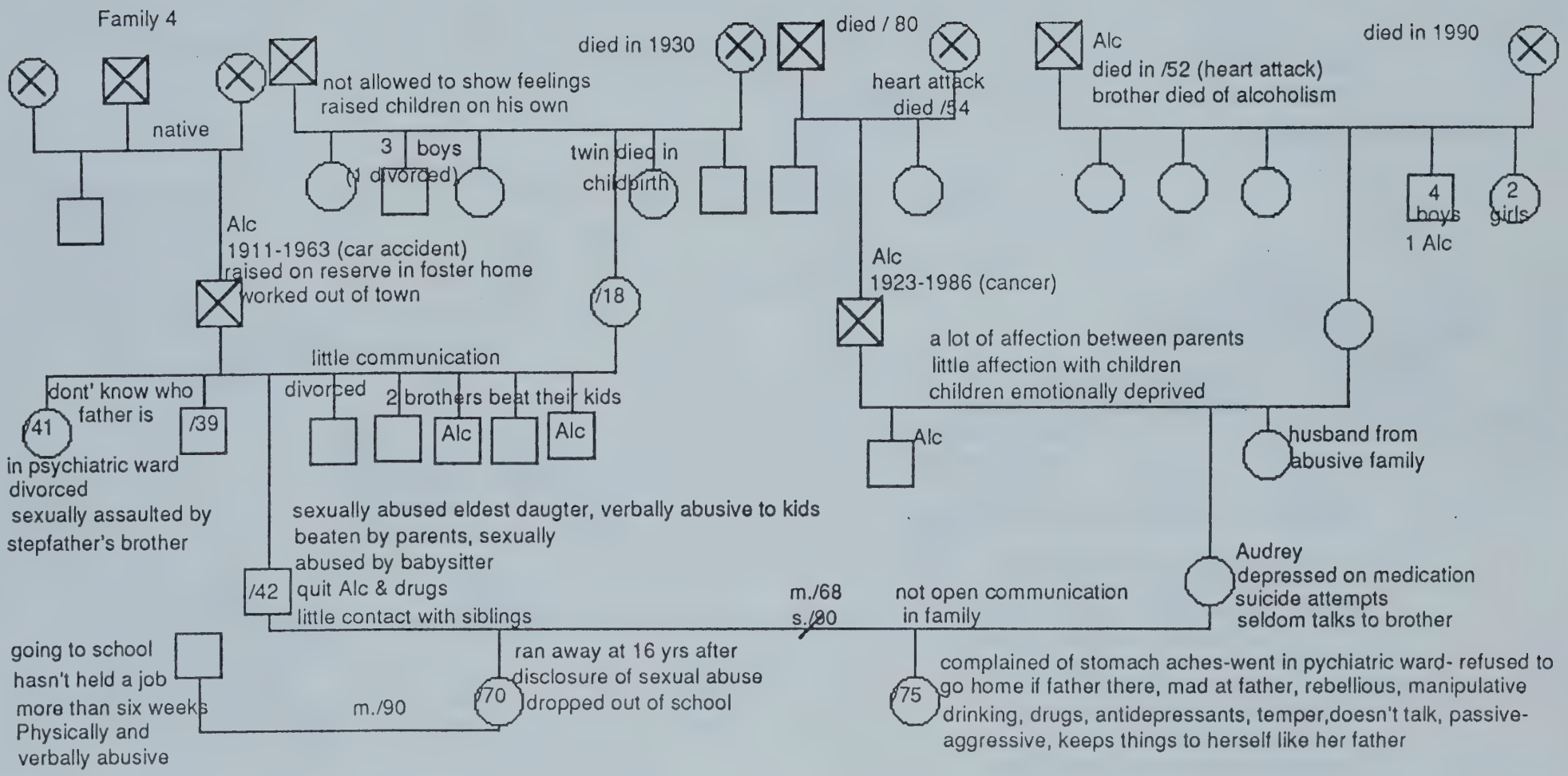
GENOGRAMS

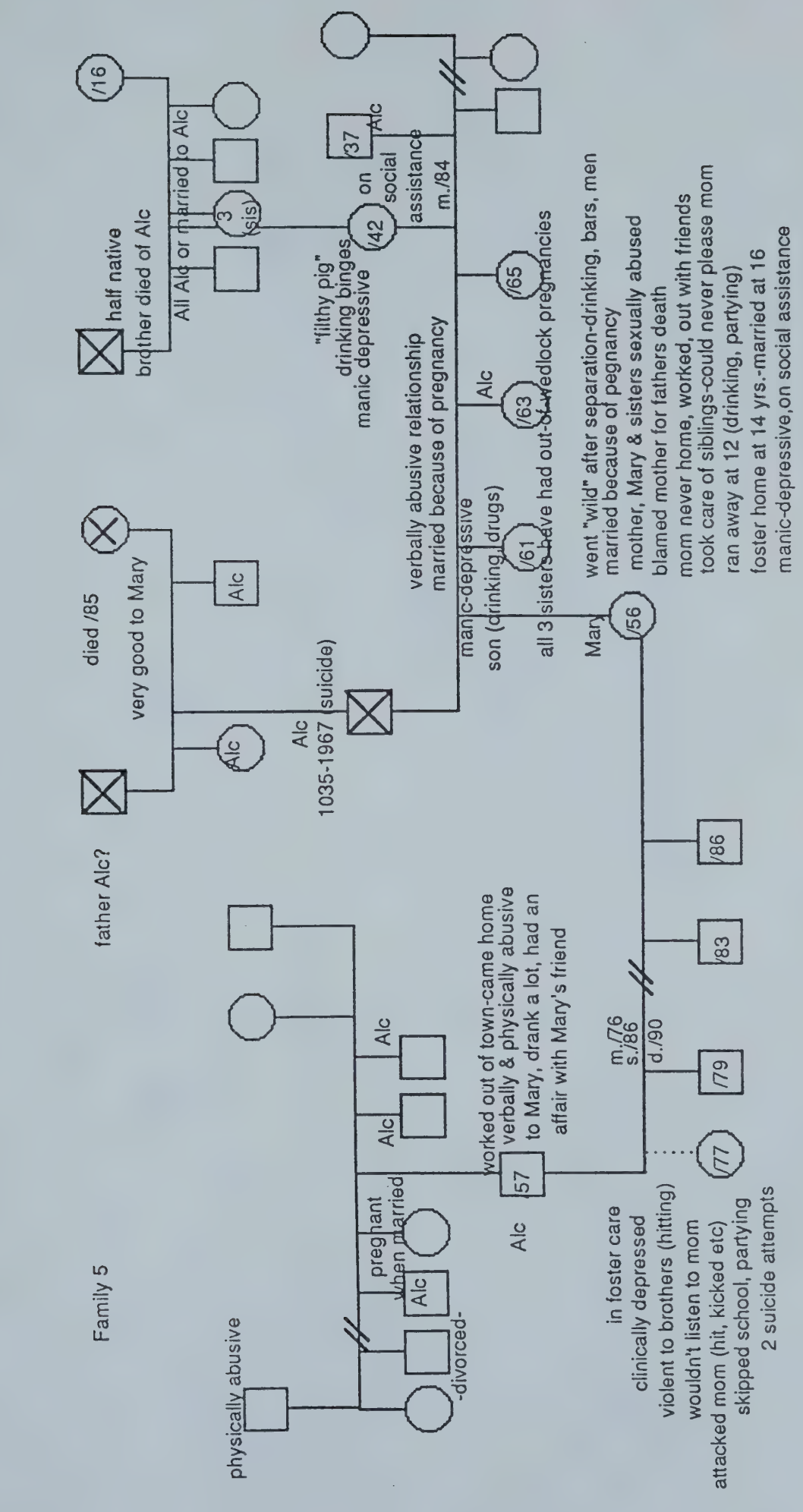

Genogram Key
Generation
Alc=alcoholic
deceased
grandparents
married couple
=divorced
bro=brothers
sis=sisters
=male
=female
/67 =date born
parents
c/l = common law
m=date married
s=date separated
d=date divorced
=separated
children
pregnant
son
female twins

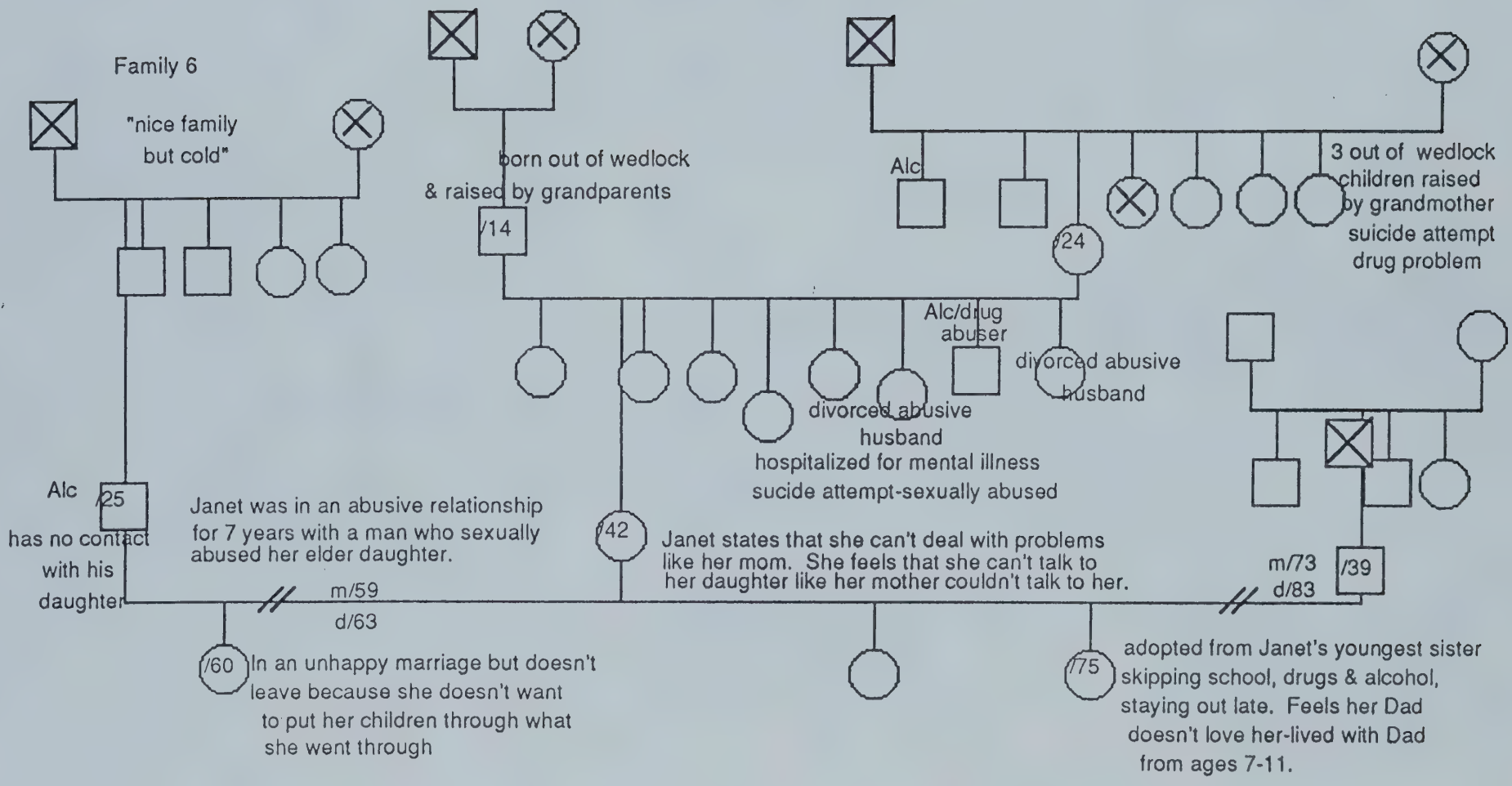

Family 1
families in Germany
had an affair
has contact with kids
lives in Germany
"beat mom"
Alc
/41
on social assistance because of back problem
/46
no contact
m./55
s./78
had fathers child
divorced twice
gave up father's child because she was physially abusing him
62
/65
drug problem
2 children given up for adoption
/66
/71
Jan
cocaine addiction
attempted suicide twice
father attempted to rape her
foster home at 15 yrs.
on & off streets since 16
/67
daughters in fostercare for a year
social assistance
C/L 2 mths
kicked him out when he broke her nose
no contact now
/69
left for another woman when Jan was 8 mths pregnant
has no contact with kids
sold drugs, drug problem
wanted by police for theft & dealing drugs
2 older brothers
1 older sister
brother killed in bar fight
/65
violent relationship
C/L for 2 yrs.
"fast, headstrong, lippy smart, manipulative,curious"
/87
"curious, stubborn, mouthy"
/88
/90

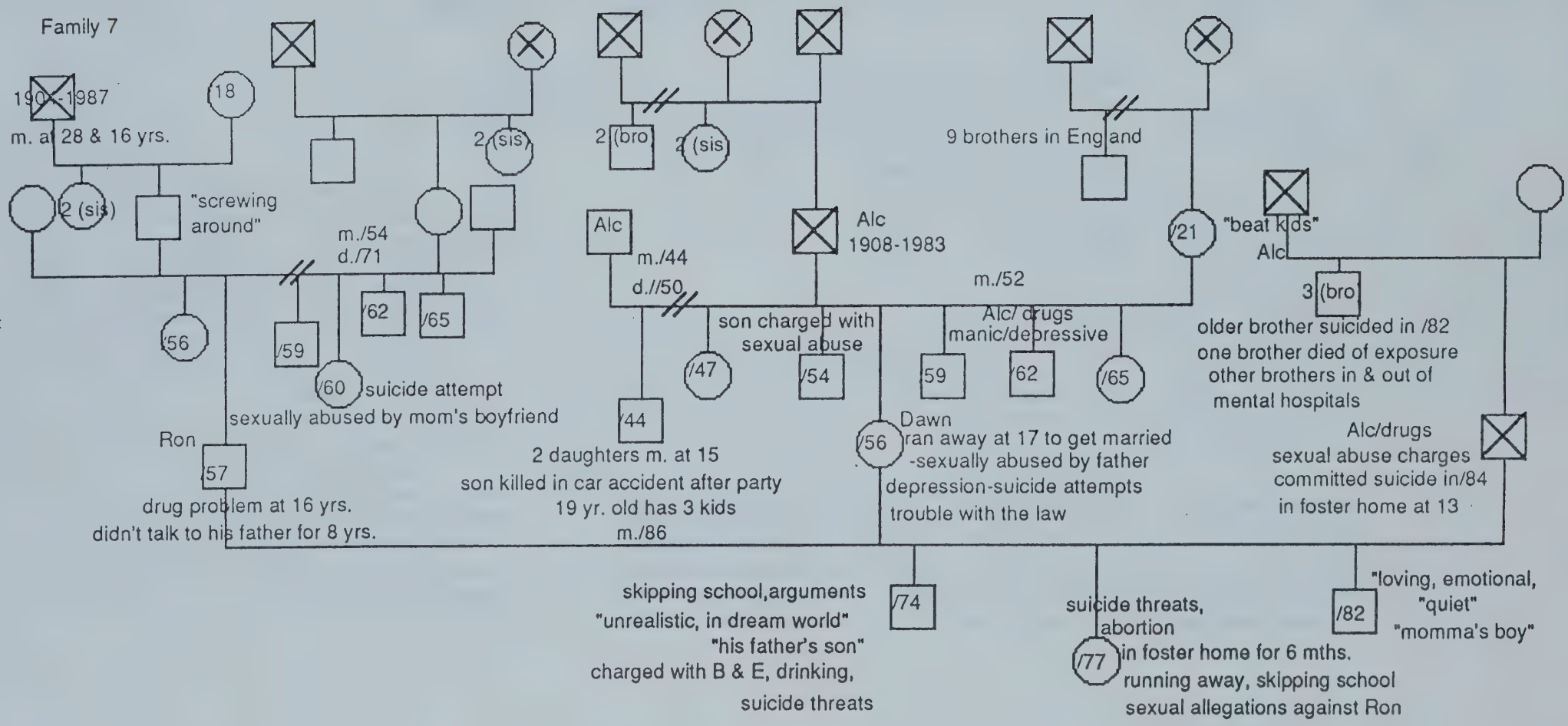

Family 2
(appendicitis)
(cancer)
died when kids young
died /58
sent to Siberia & died there
2 (bro)
6 (sis)
4 (sis)
3 bro)
good rel. Dad boss showed affection
died /73
(cancer)
1 sister divorced
5 (sis)
/40
m./57
s./79
d./82
/37
George
/59
/61
/63
/65
oldest 2 born before marriage
all 4 children have had children born out-of-wedlock
(heart attack)
Alc
a lot of yelling-mom scared of husband
beat children severly
3 ex-wives
doesn't know who father is
/54
/58
dealing drugs
/61
divorced
ran away
from home
m./53 s./65
divorced
/62
in foster home at 12 yrs
2 ex-husbands
2 ex c/l
married ex-husbands father
doesn't talk to sisters
in psychiatric ward when young
sexually abused
in foster home 13-16 yrs
Leslie
/56
m./75 d./76
violent rel
m./82
"loveable, model child, sincere, honest, happy, lazy"
/81
c/l
77-78
in foster home for 6 mts.
doesn't know George isn't father
stealing, lying, beats on brother
/79
"scary, some good memories, hardworking"

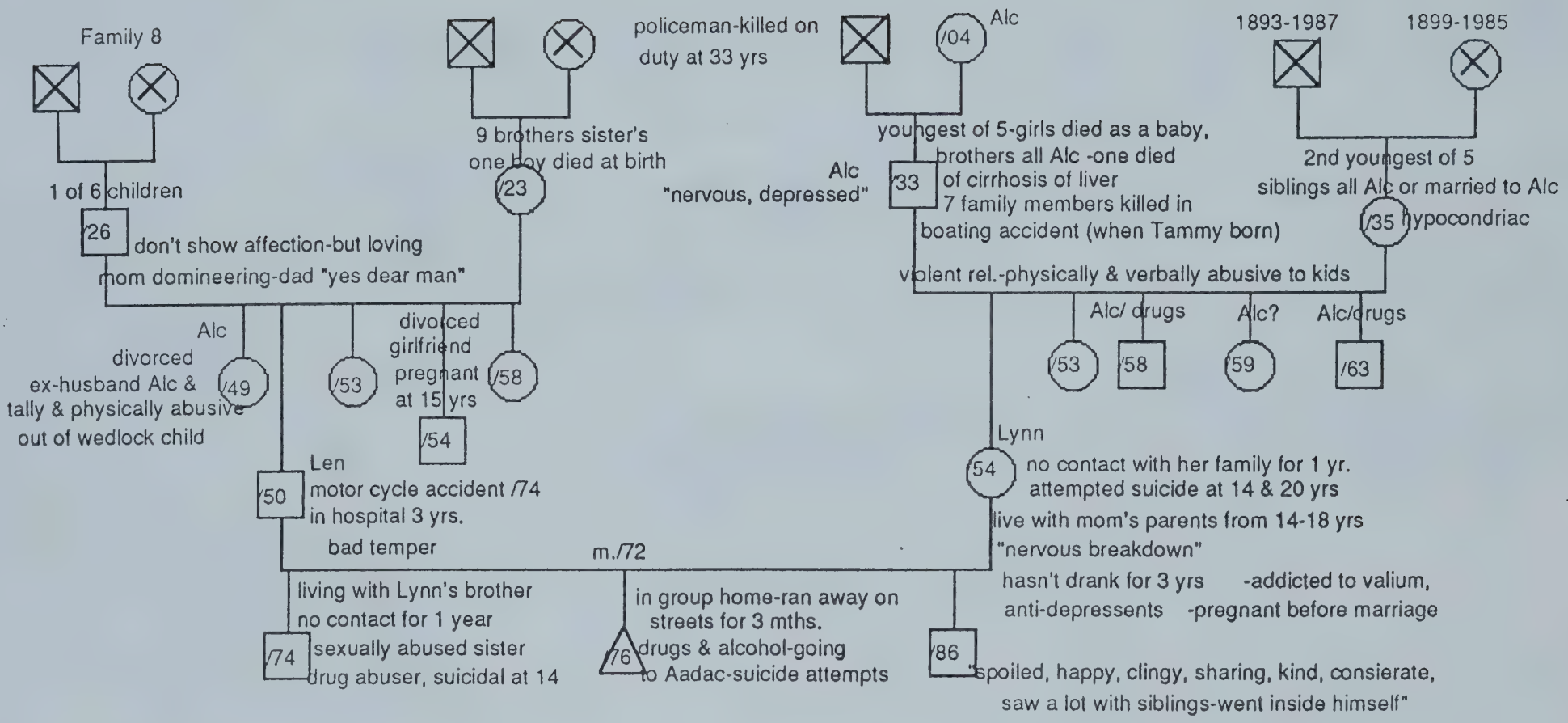

Family 3
died in war
"drank"
Alc
ran away at 17 and never saw family again, "bitter" depressed, had no friends
1917-1976 (cancer)
/19
Alc
physically abusive to each other
physical fights among sisters
Mom couldn't control kids
Dad ignored kids
daughter has bulimia
divorced, husband verbally abusive
/45
48
53
very bitter, joined gang, would beat up Sally
Joe
"doesn't show feelings
weekend drinker
/45
lived common law for 5 yrs before marrige
separated 3 mths after marriage
continued to see each other on and off
pregnancies not planned
Sally
depressed on medication since son born
/55
m./81
Joe verbally abusive, Sally physically abusive
kids have no contact with father
/76
mom and son physically fighting
power struggle, fights at school
living with uncle
"has trouble making friends"
/87
"inquisitive, not giving, motherly"

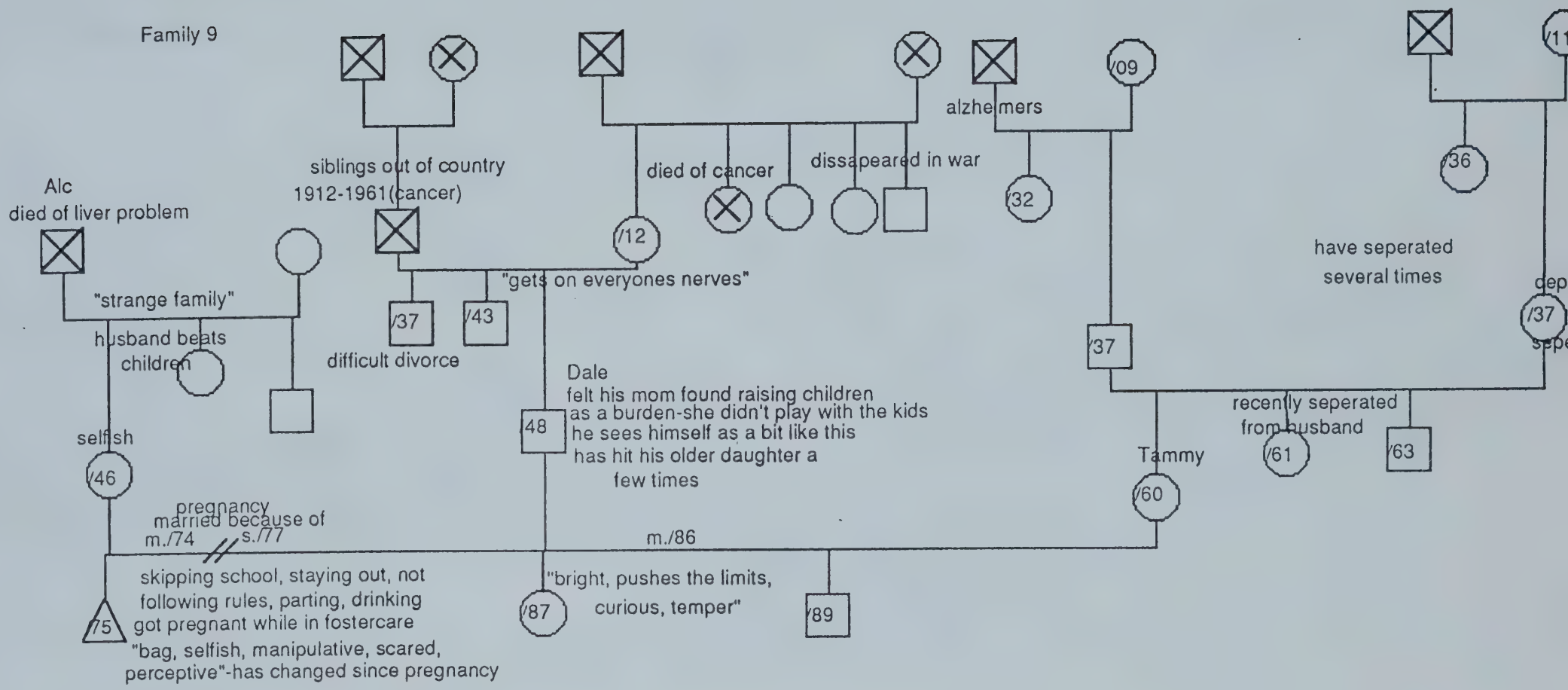

Family 4
native
not allowed to show feelings
raised children on his own
died in 1930
died / 80
heart attack
died /54
Alc
died in /52 (heart attack)
brother died of alcoholism
died in 1990
3 boys
(1 divorced)
twin died in
childbirth
4 boys
2 girls
1 Alc
Alc
1911-1963 (car accident)
raised on reserve in foster home
worked out of town
/18
Alc
1923-1986 (cancer)
a lot of affection between parents
little affection with children
children emotionally deprived
little communication
dont' know who
father is
/41
/39
in psychiatric ward
divorced
sexually assaulted by
stepfather's brother
divorced
2 brothers beat their kids
Alc
Alc
Alc
husband from
abusive family
sexually abused eldest daugter, verbally abusive to kids
beaten by parents, sexually
abused by babysitter
/42
quit Alc & drugs
little contact with siblings
m./68
s./80
not open communication
in family
Audrey
depressed on medication
suicide attempts
seldom talks to brother
going to school
hasn't held a job
more than six weeks
Physically and
verbally abusive
m./90
/70
ran away at 16 yrs after
disclosure of sexual abuse
dropped out of school
/75
complained of stomach aches-went in pychiatric ward- refused to
go home if father there, mad at father, rebellious, manipulative
drinking, drugs, antidepressants, temper,doesn't talk, passive-
aggressive, keeps things to herself like her father

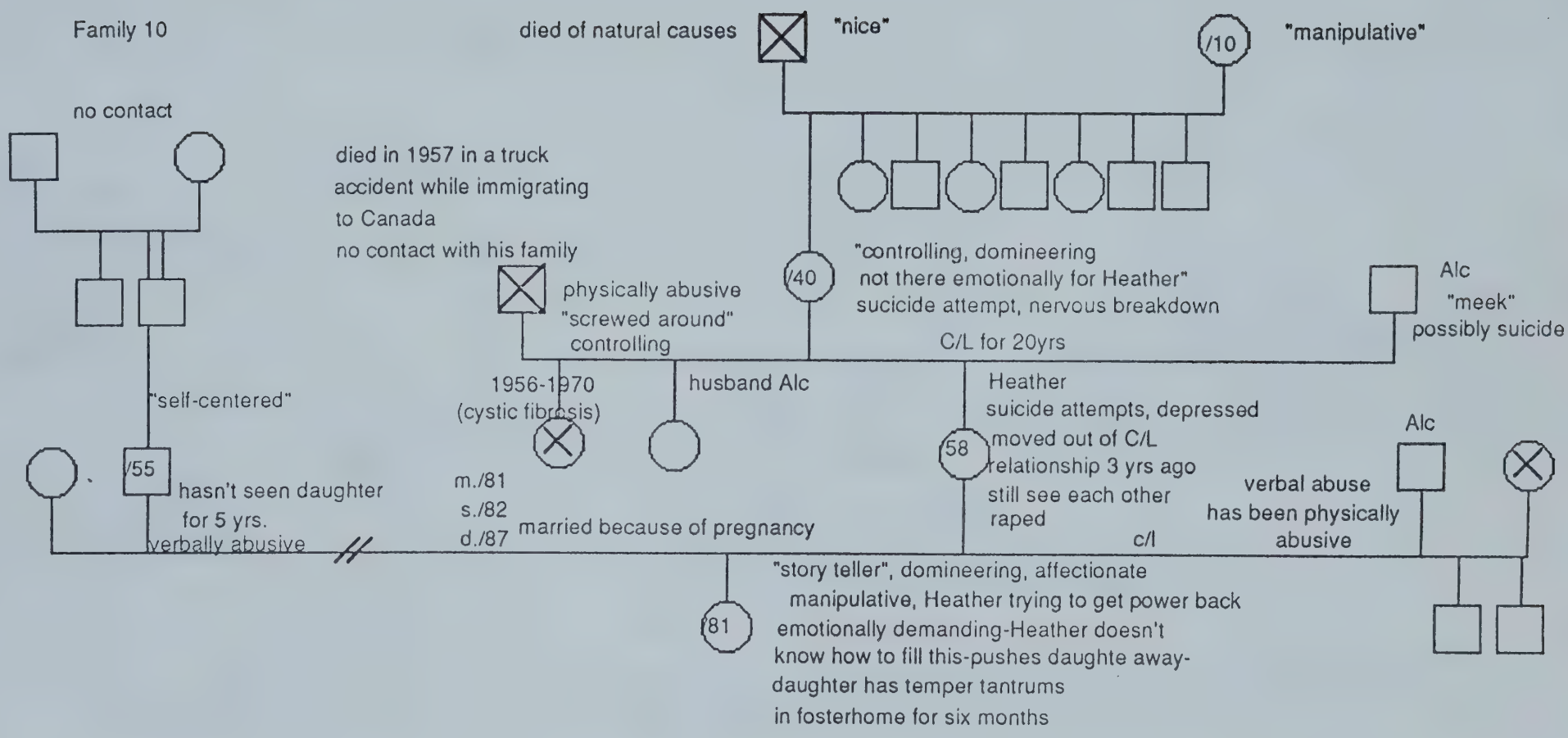

Family 5
father Alc?
died /85
very good to Mary
Alc
Alc
Alc
1035-1967 (suicide)
half native
brother died of Alc
All Alc or married to Alc
/16
3 (sis)
"filthy pig"
drinking binges
manic depressive
/42
on social assistance
/37
Alc
m./84
verbally abusive relationship
married because of pregnancy
manic-depressive
son (drinking, drugs)
/61
Alc
/63
/65
all 3 sisters have had out-of-wedlock pregnancies
went "wild" after separation-drinking, bars, men
married because of pegnancy
mother, Mary & sisters sexually abused
blamed mother for fathers death
mom never home, worked, out with friends
took care of siblings-could never please mom
ran away at 12 (drinking, partying)
foster home at 14 yrs.-married at 16
manic-depressive,on social assistance
Mary
/56
m./76
s./86
d./90
/86
/83
/79
/77
in foster care
clinically depressed
violent to brothers (hitting)
wouldn't listen to mom
attacked mom (hit, kicked etc)
skipped school, partying
2 suicide attempts
Alc
57
worked out of town-came home
verbally & physically abusive
to Mary, drank a lot, had an
affair with Mary's friend
Alc
Alc
Alc
pregnant
when married
Alc
-divorced-
physically abusive


Family 6
"nice family but cold"
born out of wedlock & raised by grandparents
/14
Alc
/24
3 out of wedlock children raised by grandmother suicide attempt drug problem
Alc/drug abuser
divorced abusive husband
divorced abusive husband hospitalized for mental illness sucide attempt-sexually abused
Alc
/25
has no contact with his daughter
Janet was in an abusive relationship for 7 years with a man who sexually abused her elder daughter.
/42
Janet states that she can't deal with problems like her mom. She feels that she can't talk to her daughter like her mother couldn't talk to her.
m/59
d/63
m/73
d/83
/39
/60
In an unhappy marriage but doesn't leave because she doesn't want to put her children through what she went through
/75
adopted from Janet's youngest sister skipping school, drugs & alcohol, staying out late. Feels her Dad doesn't love her-lived with Dad from ages 7-11.

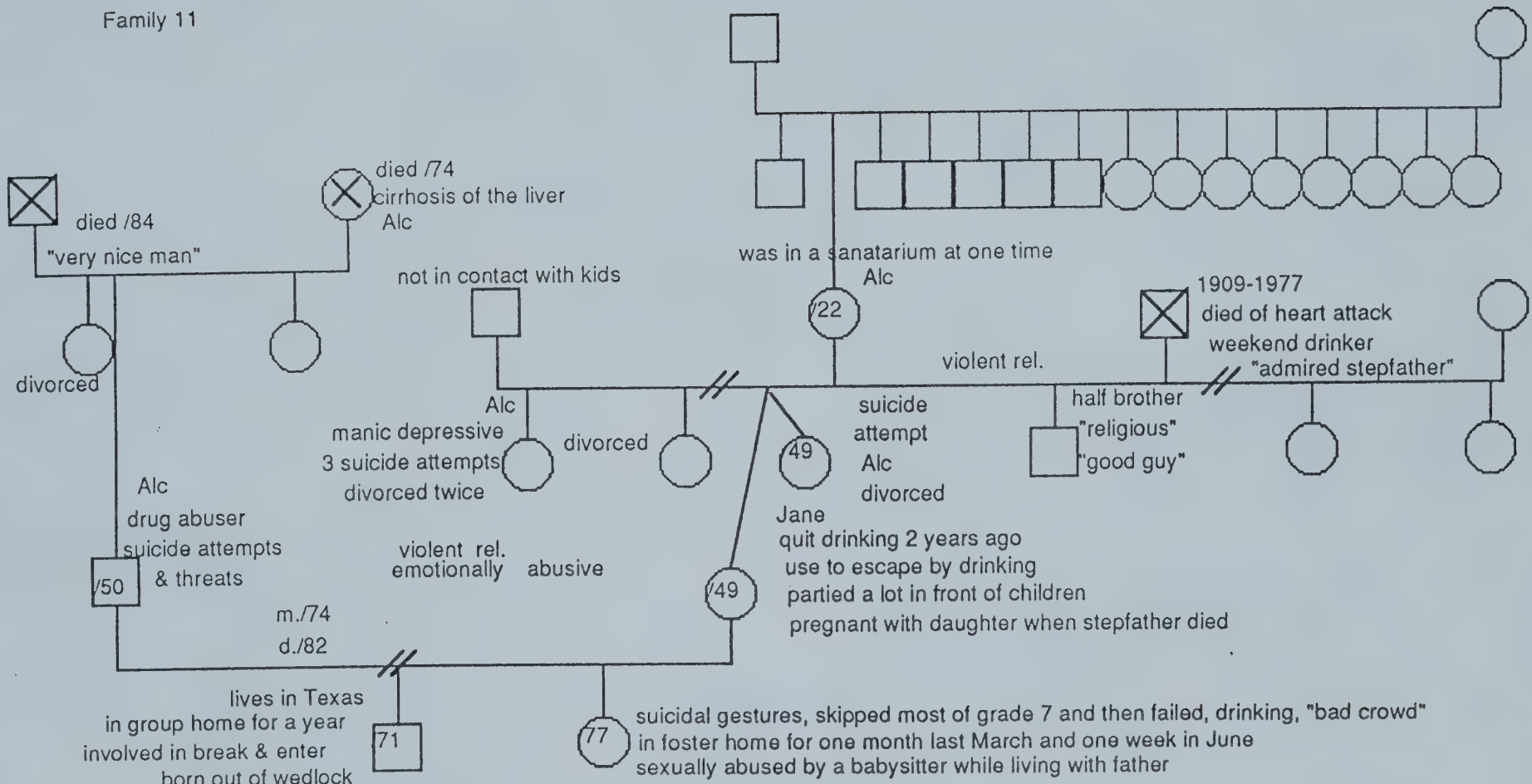

Family 7
1907-1987
m. at 28 & 16 yrs.
18
2 (sis)
"screwing around"
2 (sis)
m./54
d./71
/56
/59
/60
/62
/65
suicide attempt
sexually abused by mom's boyfriend
Ron
/57
drug problem at 16 yrs.
didn't talk to his father for 8 yrs.
2 (bro
2 (sis)
Alc
m./44
d.//50
/44
/47
son charged with sexual abuse
/54
2 daughters m. at 15
son killed in car accident after party
19 yr. old has 3 kids
m./86
Alc
1908-1983
m./52
9 brothers in England
/21
/59
Alc/ drugs
manic/depressive
/62
/65
/56
Dawn
ran away at 17 to get married
-sexually abused by father
depression-suicide attempts
trouble with the law
"beat kids"
Alc
3 (bro
older brother suicided in /82
one brother died of exposure
other brothers in & out of
mental hospitals
Alc/drugs
sexual abuse charges
committed suicide in/84
in foster home at 13
/74
skipping school,arguments
"unrealistic, in dream world"
"his father's son"
charged with B & E, drinking,
suicide threats
/77
suicide threats,
abortion
in foster home for 6 mths.
running away, skipping school
sexual allegations against Ron
/82
"loving, emotional,
"quiet"
"momma's boy"


Family 8
1 of 6 children
/26
don't show affection-but loving
mom domineering-dad "yes dear man"
9 brothers sister's
one boy died at birth
/23
policeman-killed on
duty at 33 yrs
Alc
"nervous, depressed"
/33
Alc
/04
youngest of 5-girls died as a baby,
brothers all Alc -one died
of cirrhosis of liver
7 family members killed in
boating accident (when Tammy born)
1893-1987
1899-1985
2nd youngest of 5
siblings all Alc or married to Alc
/35
hypocondriac
violent rel.-physically & verbally abusive to kids
Alc
divorced
ex-husband Alc &
tally & physically abusive
out of wedlock child
/49
/53
divorced
girlfriend
pregnant
at 15 yrs
/58
/54
Alc/ drugs
/53
/58
Alc?
/59
Alc/drugs
/63
Len
/50
motor cycle accident /74
in hospital 3 yrs.
bad temper
Lynn
54
no contact with her family for 1 yr.
attempted suicide at 14 & 20 yrs
live with mom's parents from 14-18 yrs
"nervous breakdown"
hasn't drank for 3 yrs -addicted to valium,
anti-depressents -pregnant before marriage
m./72
living with Lynn's brother
no contact for 1 year
/74
sexually abused sister
drug abuser, suicidal at 14
in group home-ran away on
streets for 3 mths.
/76
drugs & alcohol-going
to Aadac-suicide attempts
/86
"spoiled, happy, clingy, sharing, kind, consierate,
saw a lot with siblings-went inside himself"

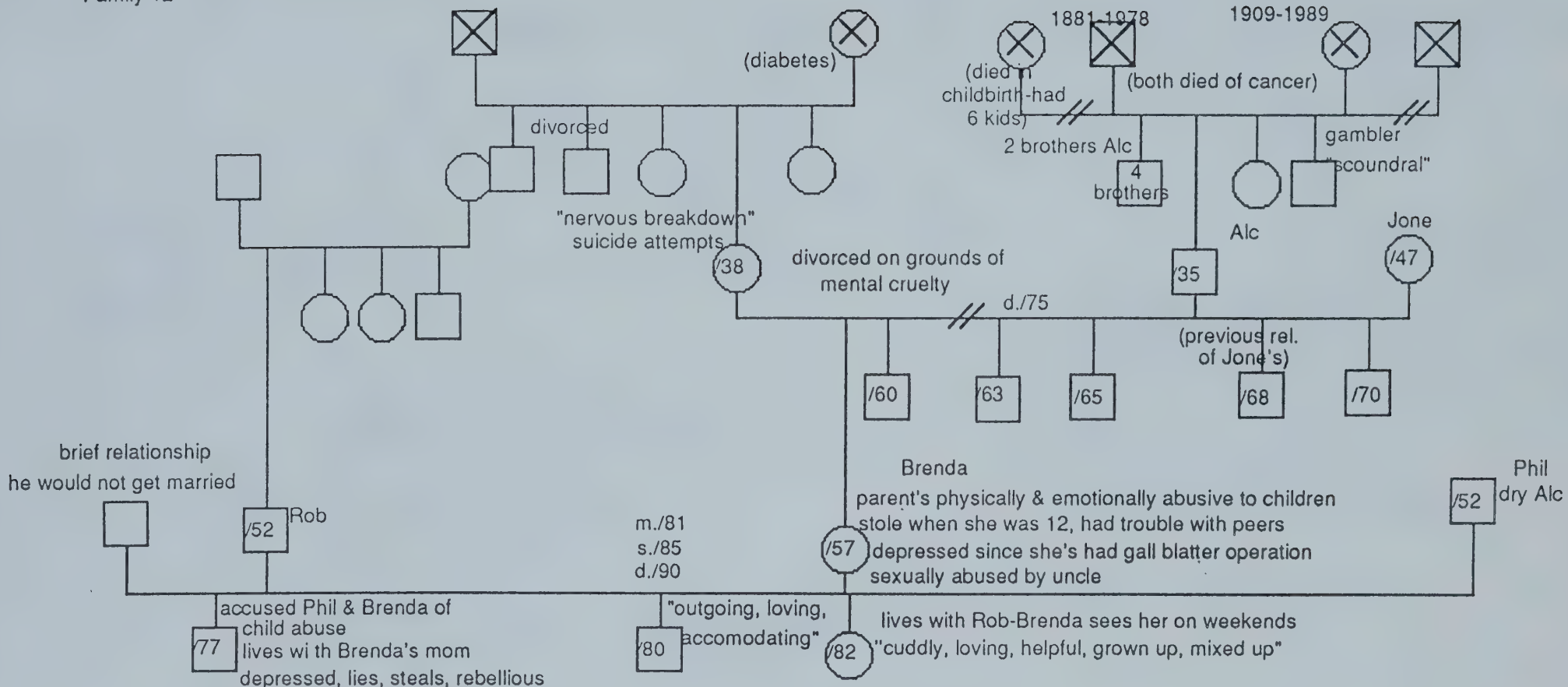

Family 9
siblings out of country
1912-1961(cancer)
died of cancer
dissapeared in war
alzhemers
/09
/32
/36
/12
Alc
died of liver problem
"strange family"
husband beats
children
/37
/43
difficult divorce
"gets on everyones nerves"
have seperated
several times
/37
Dale
felt his mom found raising children
as a burden-she didn't play with the kids
he sees himself as a bit like this
has hit his older daughter a
few times
/48
selfish
/46
pregnancy
married because of
m./74
s./77
m./86
Tammy
/60
recently seperated
from husband
/61
/63
skipping school, staying out, not
following rules, parting, drinking
got pregnant while in fostercare
"bag, selfish, manipulative, scared,
perceptive"-has changed since pregnancy
/75
"bright, pushes the limits,
curious, temper"
/87
/89

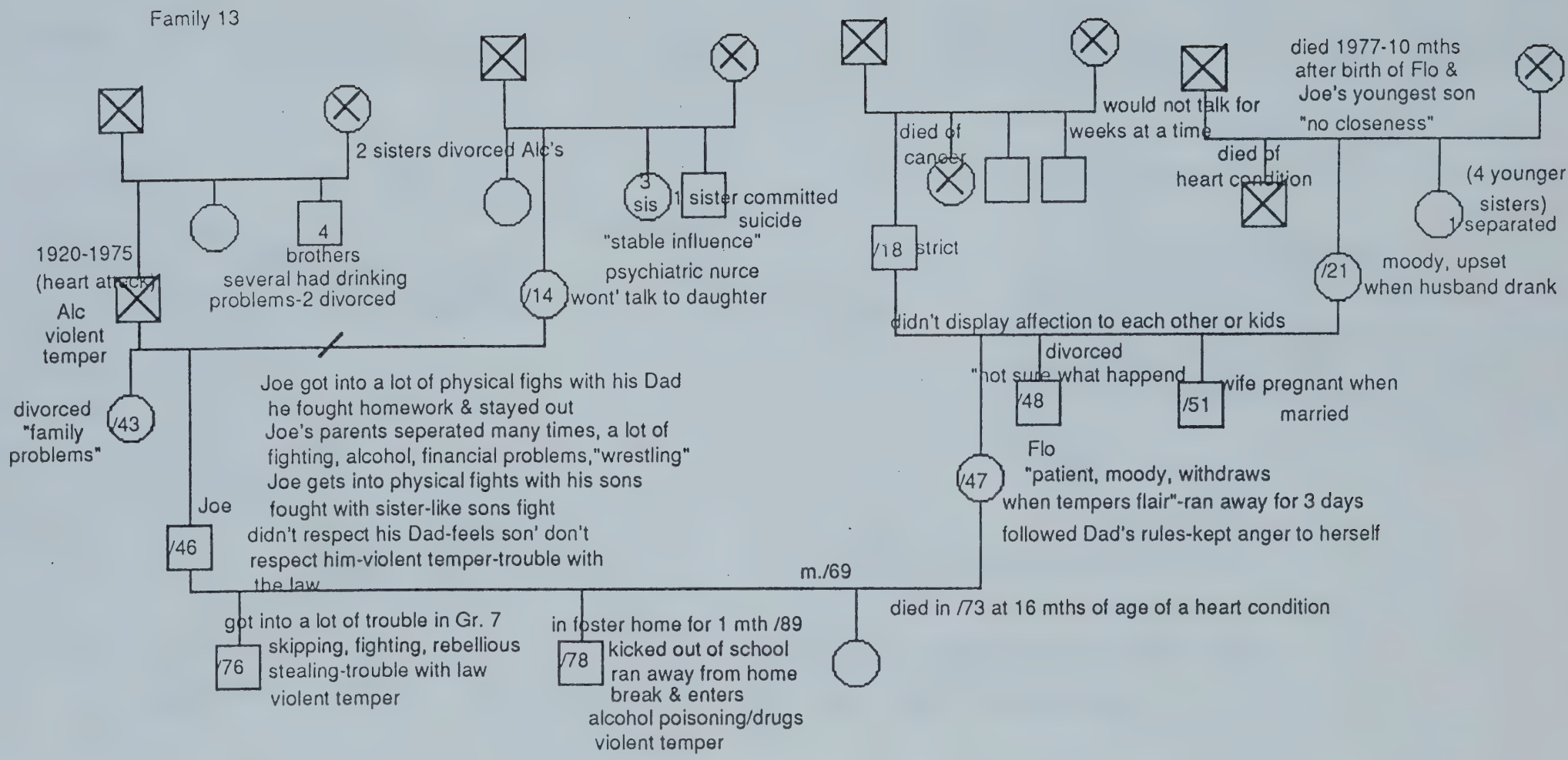

Family 10
died of natural causes
"nice"
/10
"manipulative"
no contact
died in 1957 in a truck
accident while immigrating
to Canada
no contact with his family
physically abusive
"screwed around"
controlling
/40
"controlling, domineering
not there emotionally for Heather"
sucicide attempt, nervous breakdown
C/L for 20yrs
Alc
"meek"
possibly suicide
"self-centered"
1956-1970
(cystic fibrosis)
husband Alc
Heather
suicide attempts, depressed
moved out of C/L
relationship 3 yrs ago
still see each other
raped
58
Alc
/55
hasn't seen daughter
for 5 yrs.
verbally abusive
m./81
s./82
d./87
married because of pregnancy
verbal abuse
has been physically
abusive
c/l
"story teller", domineering, affectionate
manipulative, Heather trying to get power back
emotionally demanding-Heather doesn't
know how to fill this-pushes daughte away-
daughter has temper tantrums
in fosterhome for six months
/81

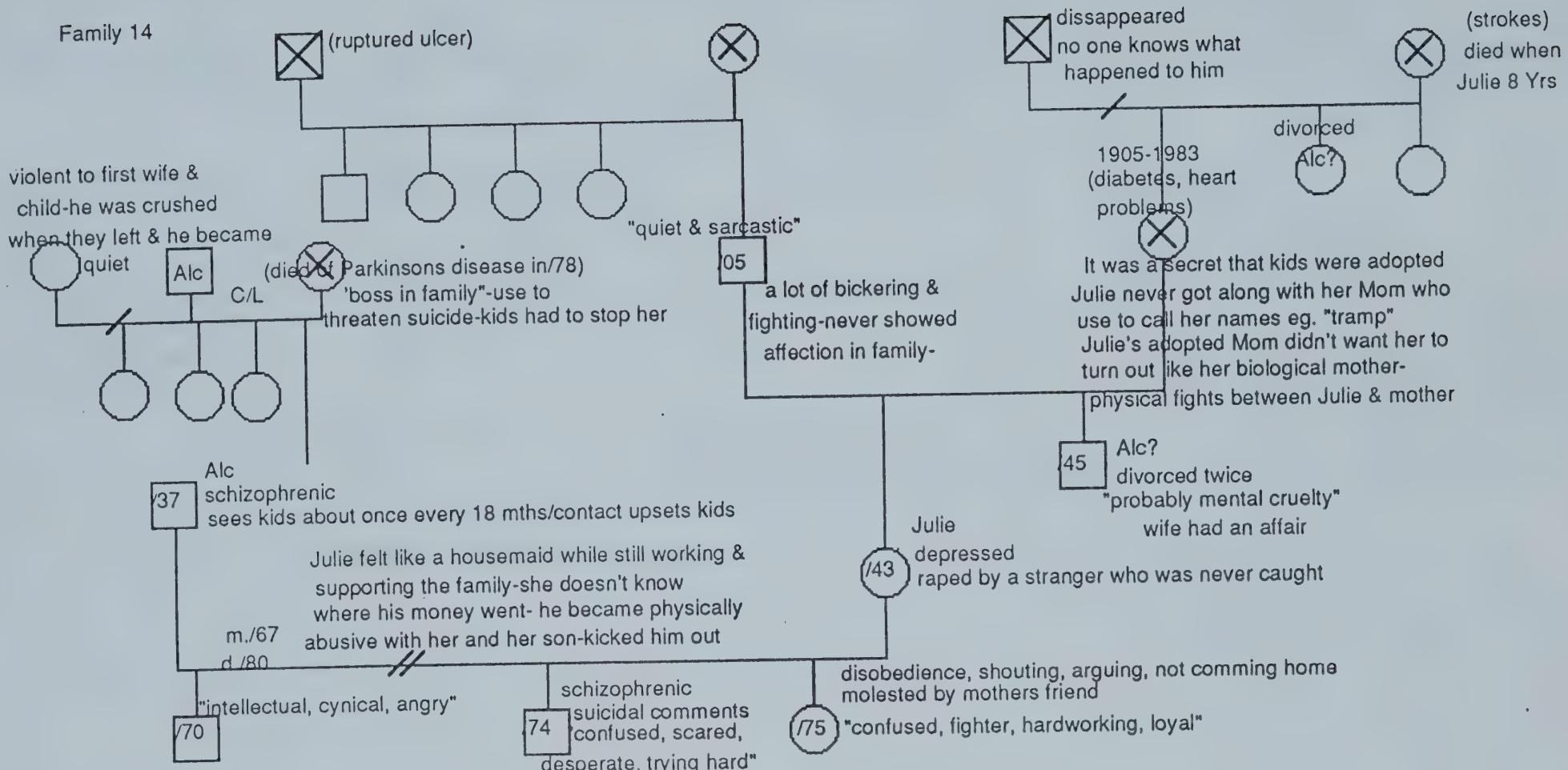
Family 11

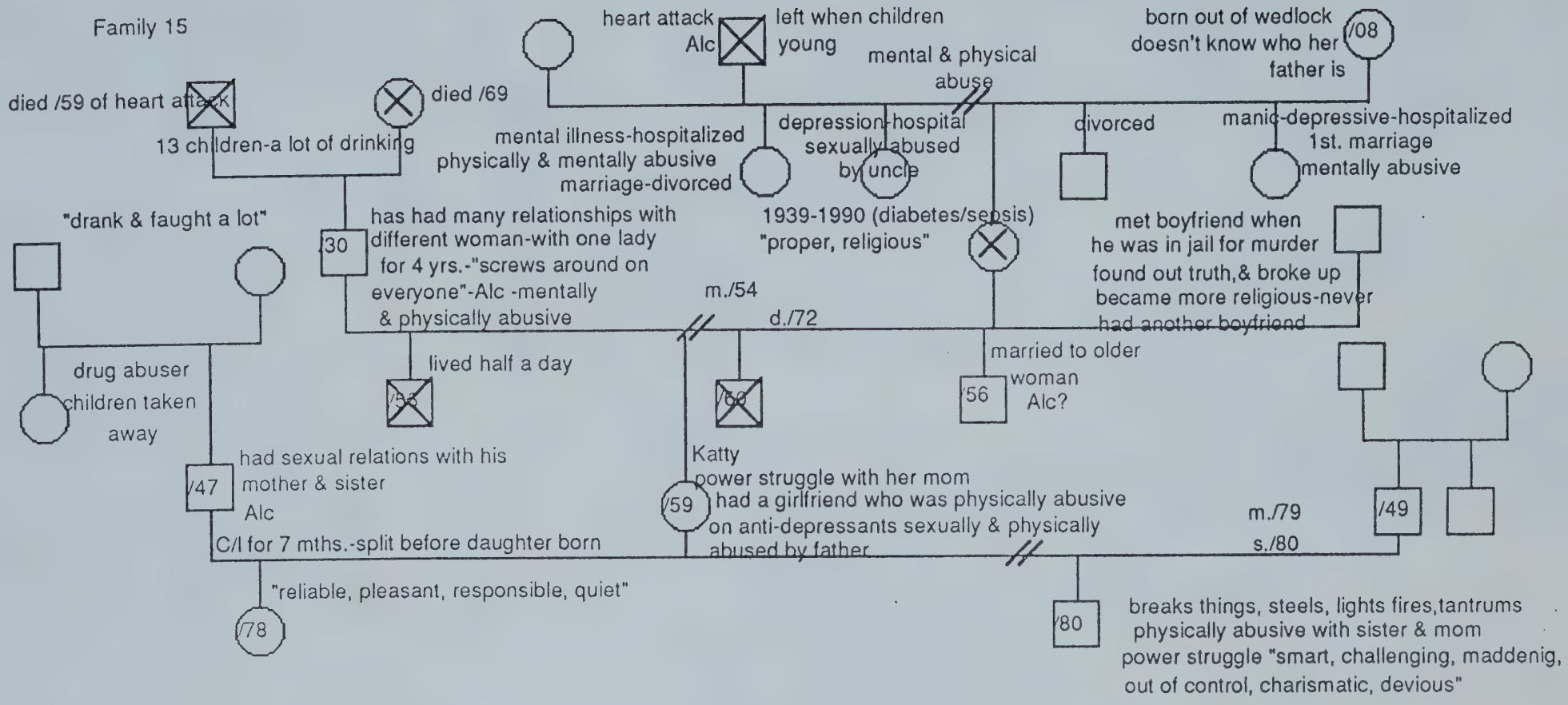

died /84
"very nice man"
died /74
cirrhosis of the liver
Alc
divorced
not in contact with kids
was in a sanatarium at one time
Alc
/22
1909-1977
died of heart attack
weekend drinker
"admired stepfather"
violent rel.
Alc
manic depressive
3 suicide attempts
divorced twice
divorced
suicide
attempt
Alc
divorced
49
half brother
"religious"
"good guy"
Alc
drug abuser
suicide attempts
& threats
/50
violent rel.
emotionally abusive
Jane
quit drinking 2 years ago
use to escape by drinking
partied a lot in front of children
pregnant with daughter when stepfather died
/49
m./74
d./82
lives in Texas
in group home for a year
involved in break & enter
born out of wedlock
71
77
suicidal gestures, skipped most of grade 7 and then failed, drinking, "bad crowd"
in foster home for one month last March and one week in June
sexually abused by a babysitter while living with father

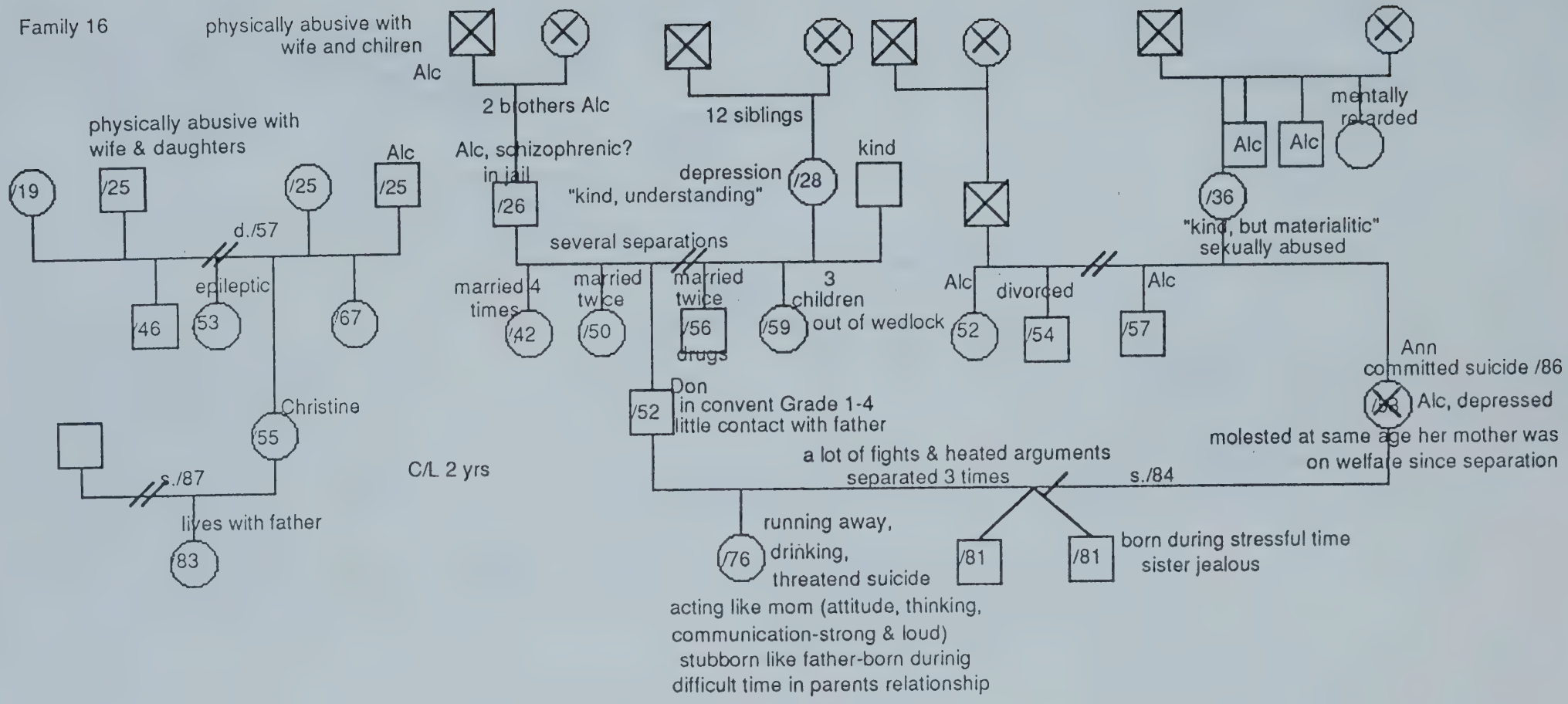
Family 12

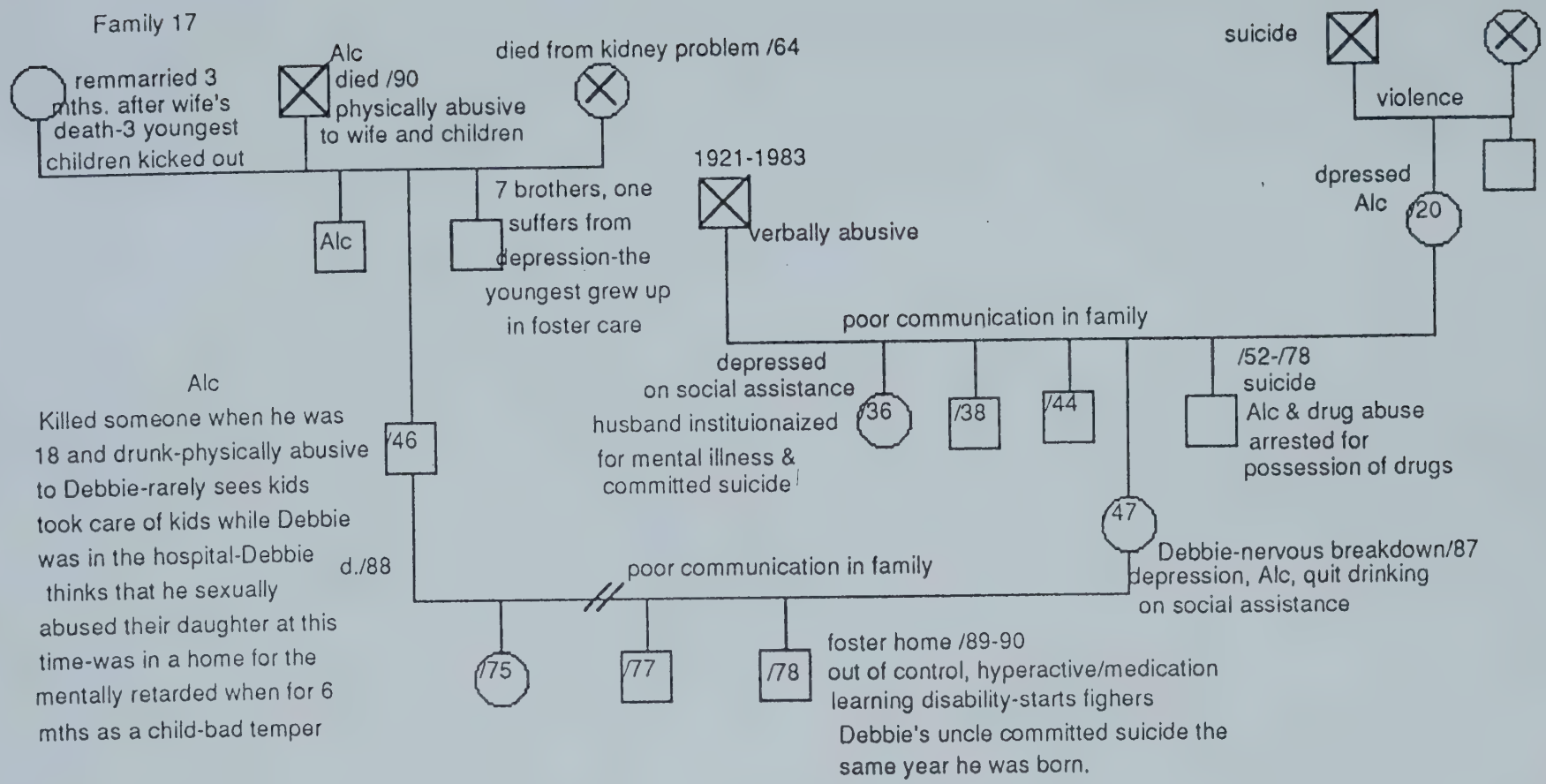

(diabetes)
divorced
"nervous breakdown"
suicide attempts
/38
divorced on grounds of
mental cruelty
d./75
1881-1978
1909-1989
(died in
childbirth-had
6 kids)
(both died of cancer)
2 brothers Alc
4
brothers
gambler
"scoundral"
Alc
Jone
/47
/35
(previous rel.
of Jone's)
/60
/63
/65
/68
/70
brief relationship
he would not get married
/52
Rob
m./81
s./85
d./90
/57
Brenda
parent's physically & emotionally abusive to children
stole when she was 12, had trouble with peers
depressed since she's had gall blatter operation
sexually abused by uncle
/52
Phil
dry Alc
accused Phil & Brenda of
child abuse
/77
lives wi th Brenda's mom
depressed, lies, steals, rebellious
trouble getting along with peers
"mixed up, self-centered, loveable"
"outgoing, loving,
accomodating"
/80
/82
lives with Rob-Brenda sees her on weekends
"cuddly, loving, helpful, grown up, mixed up"


Family 13
2 sisters divorced Alc's
3 sis
1 sister committed suicide
"stable influence"
psychiatric nurce
/14 wont' talk to daughter
4 brothers
several had drinking problems-2 divorced
1920-1975
(heart attack)
Alc
violent temper
divorced "family problems"
/43
Joe got into a lot of physical fighs with his Dad
he fought homework & stayed out
Joe's parents seperated many times, a lot of fighting, alcohol, financial problems,"wrestling"
Joe gets into physical fights with his sons
fought with sister-like sons fight
Joe
/46
didn't respect his Dad-feels son' don't respect him-violent temper-trouble with the law
got into a lot of trouble in Gr. 7
/76 skipping, fighting, rebellious
stealing-trouble with law
violent temper
in foster home for 1 mth /89
/78 kicked out of school
ran away from home
break & enters
alcohol poisoning/drugs
violent temper
m./69
died in /73 at 16 mths of age of a heart condition
died of cancer
would not talk for weeks at a time
/18 strict
died 1977-10 mths after birth of Flo & Joe's youngest son
"no closeness"
died of heart condition
(4 younger sisters)
1 separated
/21 moody, upset when husband drank
didn't display affection to each other or kids
divorced
"not sure what happend
/48
/51 wife pregnant when married
/47 Flo
"patient, moody, withdraws when tempers flair"-ran away for 3 days
followed Dad's rules-kept anger to herself


Family 14
(ruptured ulcer)
dissappeared
no one knows what
happened to him
(strokes)
died when
Julie 8 Yrs
divorced
Alc?
1905-1983
(diabetes, heart
problems)
violent to first wife &
child-he was crushed
when they left & he became
quiet
Alc
C/L
(died of Parkinsons disease in/78)
'boss in family"-use to
threaten suicide-kids had to stop her
"quiet & sarcastic"
/05
a lot of bickering &
fighting-never showed
affection in family-
It was a secret that kids were adopted
Julie never got along with her Mom who
use to call her names eg. "tramp"
Julie's adopted Mom didn't want her to
turn out like her biological mother-
physical fights between Julie & mother
/45
Alc?
divorced twice
"probably mental cruelty"
wife had an affair
/37
Alc
schizophrenic
sees kids about once every 18 mths/contact upsets kids
Julie felt like a housemaid while still working &
supporting the family-she doesn't know
where his money went- he became physically
abusive with her and her son-kicked him out
Julie
depressed
/43
raped by a stranger who was never caught
m./67
d./80
disobedience, shouting, arguing, not comming home
molested by mothers friend
"intellectual, cynical, angry"
/70
schizophrenic
suicidal comments
/74
confused, scared,
desperate, trying hard"
/75
"confused, fighter, hardworking, loyal"


Family 15
heart attack
Alc
left when children
young
born out of wedlock
doesn't know who her
father is
/08
mental & physical
abuse
died /59 of heart attack
died /69
13 children-a lot of drinking
mental illness-hospitalized
physically & mentally abusive
marriage-divorced
depression-hospital
sexually abused
by uncle
divorced
manic-depressive-hospitalized
1st. marriage
mentally abusive
"drank & faught a lot"
30
has had many relationships with
different woman-with one lady
for 4 yrs.-"screws around on
everyone"-Alc -mentally
& physically abusive
1939-1990 (diabetes/sepsis)
"proper, religious"
met boyfriend when
he was in jail for murder
found out truth,& broke up
became more religious-never
had another boyfriend
m./54
d./72
drug abuser
children taken
away
lived half a day
/56
married to older
woman
Alc?
/47
had sexual relations with his
mother & sister
Alc
Katty
power struggle with her mom
/59
had a girlfriend who was physically abusive
on anti-depressants sexually & physically
abused by father
m./79
s./80
/49
C/I for 7 mths.-split before daughter born
"reliable, pleasant, responsible, quiet"
/78
/80
breaks things, steels, lights fires,tantrums
physically abusive with sister & mom
power struggle "smart, challenging, maddenig,
out of control, charismatic, devious"


Family 16
physically abusive with wife and chilren
Alc
2 brothers Alc
physically abusive with wife & daughters
Alc
/19
/25
/25
/25
d./57
epileptic
/46
/53
/67
Christine
/55
s./87
lives with father
/83
Alc, schizophrenic? in jail
/26
12 siblings
depression
/28
kind
"kind, understanding"
several separations
married 4 times
/42
married twice
/50
married twice
/56
drugs
3 children out of wedlock
/59
C/L 2 yrs
Don
/52
in convent Grade 1-4
little contact with father
a lot of fights & heated arguments
separated 3 times
s./84
running away, drinking, threatend suicide
/76
acting like mom (attitude, thinking, communication-strong & loud)
stubborn like father-born durinig difficult time in parents relationship
/81
/81
born during stressful time
sister jealous
Alc
divorced
Alc
/52
/54
/57
mentally retarded
Alc
Alc
/36
"kind, but materialitic"
sexually abused
Ann
committed suicide /86
Alc, depressed
molested at same age her mother was
on welfare since separation


Family 17
remmarried 3 mths. after wife's death-3 youngest children kicked out
Alc died /90 physically abusive to wife and children
died from kidney problem /64
suicide
violence
Alc
7 brothers, one suffers from depression-the youngest grew up in foster care
1921-1983
verbally abusive
dpressed Alc
/20
poor communication in family
depressed on social assistance
husband instituionaized for mental illness & committed suicide
/36
/38
/44
/52-/78 suicide
Alc & drug abuse
arrested for possession of drugs
Alc
Killed someone when he was 18 and drunk-physically abusive to Debbie-rarely sees kids took care of kids while Debbie was in the hospital-Debbie thinks that he sexually abused their daughter at this time-was in a home for the mentally retarded when for 6 mths as a child-bad temper
/46
d./88
47
Debbie-nervous breakdown/87
depression, Alc, quit drinking
on social assistance
poor communication in family
/75
/77
/78
foster home /89-90
out of control, hyperactive/medication
learning disability-starts fighers
Debbie's uncle committed suicide the same year he was born.

APPENDIX C

INFORMATION SHEET

CONSENT FORM AND DEMOGRAPHICS SHEET

Information Sheet

Dear Family Members,

We are currently conducting a study of families attending counselling at the Lousage Family Institute. The purpose of the study is to understand more clearly the relationship between the problems a family is currently experiencing and problems experienced in previous generations.

Thank you for agreeing to partake in this study. By participating, you will be assisting us to help other families. Your names will not appear on any of the questionnaires and all information is completely confidential.

If you have any questions about this research project, please contact Nancy Hurst at 437-4750. Thank you.

Nancy Hurst

D. Sawatzky, Ph.D.

Supervisor

CONSENT FORM

I the undersigned, consent to participate in the study being conducted by Nancy Hurst, a graduate student in the Department of Educational Psychology, University of Alberta. I understand that the purpose of the research is to more thoroughly understand the relationship between problems families are currently experienced and past generations. I understand that my participation is voluntary and that I can withdraw from the study at any time without any consequences to myself or my family.

My participation will include one, two hour interview and the completion of a questionnaire and will be tape recorded. I understand that my participation in this study may help me to further understand myself in relation to my family and may raise further questions that I may bring up with my therapist.

I understand that my responses will be used for a Masters Thesis by Nancy Hurst, and will be treated as confidential. I understand that my name will not appear anywhere in the results of this study and that the results may be published as it is a masters thesis.

_____ _____

Signature Date

CODE NUMBER_____

BACKGROUND INFORMATION:

Please answer the following questions, by circling the answer which most appropriately describes you or write in the space provided. All answers will remain strictly confidential and will be used only for the purposes of this study.

1. Highest level of education attained:

A. University or college
B. Some university or college education
C. High school graduate.
D. Some high school education
E. Less than high school education

2. Total Yearly Family Income:

A. 0000-10, 000
B. 10,000-25,000
C. 25,000-40,000
D. 50,000+
E. Income Security

3. How many children do you have?

A. 1 child
B. 2 children
C. 3 children
D. 4 children
E. 5 or more

4. Ages of children: _____

5. (a) Number of children not living in your home:_____
(b) Reasons for children not living at home: _____

_____

7. Gender: Male _____ Female_____ Age: _____

8. Has any member of your family other than yourself being on Social Assistance?: Yes _____ No_____

If so, how are they related to you_____
When and for how long? _____

9. Has any member of your family other than yourself being involved with Child Welfare? Yes____ No ____
If so, how are they related to you? _____
When and for how long? _____

Thank you for taking the time to participate in this study.

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